## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430252

(7)

IVES ENTERPRISES, INC.

	oe <b>of B</b> usiness	Mailing Address			<del></del>				
19805 EARLWOOD DR. 19805 EARLWOOD DR. 19805 UPITER FL 33458 JUPITER FL 33458			)R.						
]						DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualified			
O Original C	Place of Business	2a. Mailing Address				07/10/1973 4. FEI Number			
h	1ace of business	h					<del></del>	Applied For Not Applicable	
Suite, Apt	# etc	Suite, Apt. #, etc.				59-1485843		ot Applicable Additional	
22	. #, <b>0</b> (0.	27				5. Certificate of Status Desired		Aggitional equired	
City & Sta	te	Cily & State				B. Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.		No	
	9. Name and Address of Curre					10. Name and Address of New Register	ed Agent		
19	ES, RAY S 805 EARLWOOD DR. IPITER FL 33458			83	Street Add	ress (P.O. Box Number is Not Acceptable)	85 Zip	Code	
11, Pursuant office or agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obligation of the provision of the section of th					poration submits this statement for the purposition's board of directors. I hereby accept the		ts registered registered	
12,	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	P	DELETE		1.1 TITLE			☐ Change	Addition	
NAME	IVES, RAY S		- [	1.2 NAME	- 1				
STREET ADDRESS	19805 EARLWOOD DR		ı	1.3 STREET A	DORESS				
CITY-ST-ZIP	JUPITER FL 33458		ı	1.4 CITY-ST-	ZIP				
TITLE	ST	DELETE		21 TITLE			Change	☐ Addition	
NAME	GLEMZA, THEODORE P			22 NAME					
STREET ADDRESS	1474 THE 12TH FAIRWAY		J	2.3 STREET A	DDRESS )				
CITY-ST-ZIP	WELLINGTON FL 33414			2. 4 CITY-ST	- ZIP				
TITLE		☐ DELETE		3.1 TITLE			Change	Addition	
NAME	}		ł	3.2 NAME					
STREET ADDRESS				3.3 STREET A	odress				
CITY - ST - ZIP				3 4. CITY-ST	· 21P				
TITLE		☐ DELETE	T	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET A	DDRESS				

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 City-St-Zip

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

CIONATURE.

14. I hereby certify that the information supplied indicated on this annual report or supplierned

officer or director of the corpora Block 12 or Block 13 if change

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TLON-RAY S. IVES 5/R/9x 561-741-770

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ingower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Addition

Addition

Change

**FILED** 

May 20 1998 8:00am

Secretary of State