## 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 # 602719

(7)

DEWOODY & CO., P. A.

FILED
May 04 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					{   1881 8 81111 81118 81111   1011	BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT 188	ji
509 EAGLETON COVETRACE PALM BEACH GARDENS FL 33418 US		509 EAGLETON COVE TRACE PALM BEACH GARDENS FL 33418 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
9 Principal D	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		02/19/1971 4. FEI Number	Applied 5	
21 PIII.CIPAI F	iace or business	26. Walling Address	•		59-1315372	Applied Fo	
Suite, Apt.	#, etc.	Suite, Apt. #, etc	3.			- \$9.75 Additions	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	¬ '		8. This corporation owes or has paid the current year Intangible		
24	25   9. Name and Address of Curren	29	30		Personal Property Tax due June 3		
		it negistared Agent	81	Name	10. Name and Address of free Field	Isterad Milett	
FOO FACILITAN COVE TO CE							
PALM BEACH GARDENS FL 33418				Street Addre	ess (P.O. Box Number is Not Acceptabl	<del>3</del> )	1
'''			83				$\neg$
}			84	City		85 Zip Code	
			64	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							- 1
	Signature typed or printed name of registered age		(NOTE Registered Agent	eignature require	<u></u>	DATE	
12.	OFFICERS AND	DELET DELET	13. E 1.1 THLE	<sub> </sub>	ADDITIONS/CHANGES TO OFFICE		dition
NAME	DEWOODY, DONALD K	ا الله الله الله الله الله الله الله ال	1.2 NAME	ŀ			UKION
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CITY-ST-ZIP			6.4 CITY - ST -	ľ			

14. I bereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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