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

SIGNATURE:

Apr 14 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F91587 (8)DESBOROUGH & ASSOCIATES, INC. Principal Place of Business Mailing Address 985 SEAWAY DRIVE 985 SEAWAY DRIVE FT. PIERCE FL 34949 FT. PIERCE FL 34949 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2240393 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DESBOROUGH, PAUL H Name 2400 SO. OCEAN DR #8151 82 Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34949 В3 84 City 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 (NOT: Registered Agent signature required when reinstating) Signature, typod or printed name of registered assent and time if applicable 72E034 (10/97 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE DESBOROUGH, PAUL H NAME 1.2 NAME 2400 SO. OCEAN DR. SS8151 STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE, FL 00000 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Channe Addition TITLE 2.1 TULE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34. CITY - ST - ZIP DELETE Change TITLE F Addition 41701F NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51.1011 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TILLE NAME 6.2 NAME STREEY ADDRESS **63 STHEET ADDRESS** 6.4 CITY - ST - ZIP 14. I hereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee 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 attackytent with an address.

**FILED** 

C PAUL HDESBOROUGH 4/8/98 561-466-36666