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 # G17768

(4)

HEINDEL AND KEIL, INC.

FILED

Apr 16 1998 8:00am

Secretary of State

HEMOLE AND NEIL! INO.				
Principal Place of Business	Mailing Address			8) Q.O.) BIEN 8001 8101 108
% DONALD D. HEINDEL	C/O DONALD D. HEINDEL			
2889 N.W. 24TH TERRACE	370 NE 24 ST.			
BOCA RATON FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN THIS	S SPACE
	U\$		3. Date Incorporated or Qualified 01/05/1983	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2353197	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 County	28	0	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	— · — ·
25 25 Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
SCRUTON, LINDA	on nogocica rigoni	81 Name	10. Italio alla Addiosa di Itali Italia	a Agent
370 N.E. 24 ST				
BOCA RATON		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431		83		
		01-0		
		84 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	02 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose	of changing its registered
agent. I am familiar with, and accept the obl	te of Honda. Such change was au igations of, Section 607.0505, Flor	ithorized by the corporati ida Statutes.	ion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE				
Signature, typed or printed name of registered a		Registered Agent signature require		
12. OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
HAME SCRUTON, LINDA		1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 370 N.E. 24 ST.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON				
TITLE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
City-st-zip		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TOLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-2IP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		L Change L Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREFT ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Change Address
TITLE	רון הנונונ	6.1 TITLE		Change Addition
NAME STREET ADDRESS		6.2 NAME		
		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 if 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 for on an attachment with an address.