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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

orporation Name

(8)

JOSEPH S. GILLIN, JR., P.A.

MELBOURNE FL 32901

Dringing! Dies	te of Business	Adollar o Adda				
ĺ	HAVEN AVENUE	Mailing Addre 703 E. NEW	haven avenue			
MELBOURNE FL 32901 MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1984		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		[26]		59-2379361	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc		I b. Certificate of Status Desired I I '	3.75 Additional Fee Regulred	
City & State		City & State			5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current y Personal Property Tax due June 30.	— ·	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	t	
J	ILLIN, JOSEPH S. JR. 23 EAST NEW HAVEN AVENU	Ē	81 Name	Address (P.O. Poy Number is Net Acceptable)		

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, and accept the appointment as registered agent, and accept the appointment as registered agent. Length (applications of Section 607.0505. Florida Statutes)

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City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE B	egistered Agent signaturo re	required when reinslating) DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE		DELETE	1.1 TITLE	Change Addition				
NAME	GILLIN, JOSEPH S. JR.		1.2 NAME					
STREET ADDRESS	703 E. NEW HAVEN AVENUE		1.3 STREET ADDRESS					
CITY - ST - ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP					
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY-ST-ZIP	× · · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE	31 THILE	Change Addition				
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	Change Addition				
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZiP			5.4 CITY-\$1-ZIP					
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

CITY-ST-ZIP

14. Thereby 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 13 if changes or on an attackment with an artifless.

SIGNATURE:

4/17/9

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Zip Code

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FILED

Apr 24 1998 8:00am

Secretary of State