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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J94081 (3)
 1. Corporation Name
NUNEZ & COMPANY, P.A.



Principal Place of Business 128 AVE B SW 1000 WINTER HAVEN FL 33880 US	Mailing Address P.O. BOX 7665 WINTER HAVEN FL 33883 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 128 AVE B SW Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State 23 WINTER HAVEN, FL	27 City & State
24 Zip 33880	25 Country 28 US

3. Date Incorporated or Qualified 09/25/1987	4. FEI Number 59-2849847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
NUNEZ G EDMUND II
~~50 4TH ST NW~~
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent
81 Name G. EDMUND NUNEZ II
82 Street Address (P.O. Box Number is Not Acceptable)
128 AVE B SW
84 City WINTER HAVEN FL 85 Zip Code 33880

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	NUNEZ, G. EDMUND II	
STREET ADDRESS	50 4TH ST NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/>
NAME	NUNEZ, LYDIA E.	
STREET ADDRESS	50 4TH ST NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	128 AVE B SW		
1.4 CITY-ST-ZIP	33880		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	128 AVE B SW		
2.4 CITY-ST-ZIP	33880		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET 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 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, or on an attachment with an address:

SIGNATURE *G. Edmund Nunez II* **G. EDMUND NUNEZ II 2-28-98 941-299-4610**

CR2E034 (10/97)