

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

*Amended*

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 17 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ABC MED WAY, INC.

*P95000046642*

Principal Place of Business

Mailing Address

327 NE 118th TERR  
MIAMI, FL. 33161-6128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOR CRISOLOGO  
327 NE 118th TERR  
MIAMI, FL. 33161

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FLOR CRISOLOGO  
327 NE 188th TERR  
MIAMI, FL. 33161

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
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:

*Juan Crisologo*

Juan Crisologo

12/11/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ( ) AFTER SEVEN (7) DAYS.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000006929 (0)

1. Corporation Name

FIRST COAST BALLET, INC.

Principal Place of Business

610 FLORIDA BLVD  
NEPTUNE BEACH FL 32266-3606

Mailing Address

610 FLORIDA BLVD  
NEPTUNE BEACH FL 32266-3606

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3485281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MEUDE, RICHARD T  
610 FLORIDA BLVD  
NEPTUNE BEACH FL 32266-3606

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MEUDE, MINDI L	1800 THE GREENS WY, APT 607	JACKSONVILLE BEACH FL 32250-2421	<input type="checkbox"/>
D	MEUDE, RICHARD T	1800 THE GREENS WY, APT 607	JACKSONVILLE BEACH FL 32250-2421	<input type="checkbox"/>
D	MOORMAN, JEFFREY	12204 BLUE SAGE DR	OKLAHOMA CITY OK 73120	<input type="checkbox"/>
D	BARDEL, KATHA	2008 MISTLETOE CT	EDMOND OK 73034	<input type="checkbox"/>
D	MCCOY, STEVE	4 SAILFISH DR	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

98 DEC 17 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



001488

CR2E037 (5/98)