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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # D07000010046 (4)

	Y JEAN CAVANAGH, INC.	Mailing Address			
2461 NW 112TH AVENUE 2461 NW 112TH AVEN CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3					
00,000		COUNT OF HINGO TE GOD	••	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
- 5: 15				02/07/1997	
	lace of Business	2a. Mailing Address		4. FEI Number 65-0739809	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				Not Applicable \$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		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		0	Personal Property Tax due June 30.	X Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registers	d Agent
	CORPORATION SERVICE COMP	ANY	81 Name Retty	Jean Cavanagh	
1201 HAYS STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable) W 112 Avenue	
T.	ALLAHASSEE FL 32301-2525		83 Z461 N	W 112 Avenue	
				Springs	
			84 City		85 Zip Code 33065
44 0	to the provisions of Spotians CO7 Of	DO and COTE ED Florida Contract	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F	L 33065
SIGNATURE	Mul 1ch	~ (acounts.		oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
12.		ND DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	L VELETE	1.1 TITLE	ADDITIONS/OFFICERO A	Change Addition
NAME	CAVANAGH, BETTY J		1.2 NAME		
STREET ADDRESS	2461 NW 112TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3306		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	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		Distr	3.4. CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			. 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 DITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		-
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ

14. 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 suppliemental 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 a attachment with an address.

SIGNATURE:

FILED

Mar 23 1998 8:00am

Secretary of State