

**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

**FILED**

98 OCT 20 PM 3: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P97000030506 (4)**

1. Corporation Name  
**BLOOM, YAEGER & SPANGLER, INC.**

*(Handwritten initials)*

*(Handwritten initials)*

Principal Place of Business  
303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114

Mailing Address  
303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/27/1997**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

**59-3455499**

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

**BLOOM, TERRY D MD**  
303 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **BLOOM, TERRY S**  
STREET ADDRESS **303 N.CLYDE MORRIS BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

1.1 TITLE **D/P**  
1.2 NAME **300002670479**  
1.3 STREET ADDRESS **-10/22/98-01089-009**  
1.4 CITY-ST-ZIP **\*\*\*\*558.75 \*\*\*\*558.75**

TITLE  DELETE  
NAME **YEAGER, TED E MD**  
STREET ADDRESS **303 N.CLYDE MORRIS BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

2.1 TITLE **D/VP**  
2.2 NAME **YAEGER, THEODORE E MD**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE **D/ST**  
3.2 NAME **SPANGLER, ANN E MD**  
3.3 STREET ADDRESS **303 N CLYDE MORRIS BLVD**  
3.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: *(Handwritten Signature)* **REQUIRE S. Bloom** 10-13-98 (904)254-4220

CR2E034 (10/97)