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

PROFIT **CORPORATION** ANNUAL REPORT **1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P97000044280 (0) DOCUMENT #

2501 BRISTOL, INC.

Principal Place of Business

P.O. BOX 85 WEST PALM BEACH FL 33402 Mailing Address

P.O. BOX 85

WEST PALM BEACH FL 33402

## **FILED** Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 65-0753835 21 Not Applicable 26 Suite, Apt. #, etc. Suite Ant #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, SCOTT A Scott A. Johnson **SUITE 1313 FLAGLER TOWER** 82 Street Address (P.O. Box Number is Not Acceptable) 505 \$. FLAGLER DRIVE 505 S. Flagler Drive, Suite 1010 **WEST PALM BEACH FL 33401** CityWest Palm Beach 84 85 33404° 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 use and accept the obligations of Section 607,0505, Florida Statutes 4-24-98 (NOTE Registered Agent's gnature required when reinstating) DATE CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE **X** Change TITLE 1.1 TILLE Johnson, Scott A. JOHNSON, SCOTT A NAME 1.2 NAME P.O. BOX 85 505 S. Flagler Drive, Suite 1010 STREET ADDRESS 13 STREET ADDRESS WEST PALM BEACH FL 33402 West Palm Beach, FL 33401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TILE Koenig, Patrick C. KOENIG, PATRICK C 2.2 NAME NAME P.O. BOX 85 505 S. Flagler Drive, Suite 1010 STREET ADDRESS 2 3 STREET ADDRESS WEST PALM BEACH FL 33402 CITY-ST-ZIP 2. 4 CITY - ST - ZIP West Palm Beach, FL 3340 DELETE Addition TITLE 3.1 III) F JOHNSON, RICHARD S JR. Johnson, Richard S. Jr. NAME 3.2 NAME P.O. BOX 85 STREET ADDRESS 3.3 STREET ADDRESS 505 S. Flagler Drive, Suite 1010 WEST PALM BEACH FL 33402 CITY - ST - ZIF 3.4. CITY - ST - ZIP West Palm Beach, FL 33401 DELETE Addition TITLE 4.1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - 7(P Addition TITLE DELETE 6 1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 12 or Block 13 if changed or or an attachment with an address. SIGNATURE:

Scott A. Johnson

(561)655-7200