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May 04 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 # **P97000067888 (2)**

1. Corporation Name

CONTEMPORARY OPPORTUNITIES, INC.



Principal Place of Business

Mailing Address

**490 E. TARPON BLVD.
PORT CHARLOTTE FL 33952**

**490 E. TARPON BLVD.
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

2. Principal Place of Business

2a. Mailing Address

21 3695D Tamiami Trail

26 3695D Tamiami Trail

4. FEI Number

65-0781427

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Port Charlotte, FL

28 Port Charlotte, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

County

Zip

County

24 33952

29 33952

30

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

**TOMPKINS, JOANN
490 E. TARPON BLVD.
PORT CHARLOTTE FL 33952**

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 607.0532 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

Joann Tompkins

April 21, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **BEAUDOIN, GAIL YVETTE**

STREET ADDRESS **408 SEASONS DRIVE**

CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **D** ☒ DELETE

NAME **CORBETT, SHARON R**

STREET ADDRESS **21074 FIRWOOD TERRACE**

CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **D** ☐ DELETE

NAME **LOCHE, JOAN RUTH**

STREET ADDRESS **4242 ROSE ARBOR CIRCLE**

CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ DELETE

NAME **TOMPKINS, JOANN**

STREET ADDRESS **409 E. TARPON BLVD.**

CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **President** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Joann Tompkins

April 21, 1998

CR2E034 (10/97)