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

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

1998

1819, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

## **FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I SABUL BIJORY DESIL DESET DESDO HULL DIGH BIGH BIGH SABIT BERK DIRK DODI UDDI	
1819 79TH ST. CAUSEWAY NORTH BAY VILLAGE FL 33141  1819 79TH ST. CAUSEWAY NORTH BAY VILLAGE FL 33141  NORTH BAY VILLAGE FL 33141				41		DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
6 Delevious D	Ness of D	1 2 7 1 1 1 1				07/14/1992
<del>}</del> , ·	Place of Business	hn "	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# oto	26 Suito A	Suite, Apt. #, etc.			65-0358775 Not Applicable
22	w, 610.	27 Suite, Ap	<del>-</del>			5. Certificate of Status Desired See Regulred
City & Stat	0		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Z <sub>i</sub> p	Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.  Yes No
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
	RENTNER, CHARLES G			B1	Name	
ı	19 79TH ST. CAUSEWAY		<b>82</b> Str		Street Add	dress (P.O. Box Number is Not Acceptable)
NC	ORTH BAY VILLAGE FL 3314	1		83	· · · · · · · · · · · · · · · · · · ·	
					<u> </u>	
				84	' '	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						
12.	Signature, typed or printed name of register				nt signature requ	uired when reinstating) DATE
TITLE	OFFICERS AND DIRECTORS 13.  P\$0 DELETE 1.1.T		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	OPPINIED OLIVEI FO O		1.2 NAME		Change C Addition	
STREET ADDRESS	AAAA TATAA AT AAAAATAAA		1.3 STREET	ADDRESS		
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		1.4 CITY-S	1		
TITLE			2.1 TITLE	,	Change Addition	
NAME	2.2		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	2.4		2. 4 CITY - 5	ST-ZIP		
TITLE			3.1 TITLE		Change Addition	
NAME				3.2 NAME		
STREET ADORESS			Į.	3.3 STREET	ADDRESS	
CITY-ST-ZIP			T	3.4. CITY - S	T-ZIP	
TITLE	<b>■</b>		4 1 TITLE		☐ Change ☐ Addition	
NAME OTOGET LODGEGG				4 2 NAME		
STREET ADDRESS				4 3 STREET		
CITY-ST-ZIP TITLE		·		4.4 CHTY-S 5.1 TITLE	T-ZIP	D Observe D Address
NAME		L				Change Addition
STREET ADDRESS				5 2 NAME 6 2 CTDEET	ADDOCCO	
CITY-ST-ZIP				5.3 STREET		
TITLE		T		<u>5 4 City-s</u> 6 1 Title	1 - 211	Change Addition
NAME		<del></del>		6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S		
	ertify that the information supply	nd with this filing done				Section 110 07/2)(i) Floride Statutes I further contile that the information

I melecy certify that the information supplied with this filling 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: