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

Mailing Address

2a. Mailing Address

10052 SHADYWOOD PLACE

BOYNTON BEACH FL 33437-1365

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

1998

Principal Place of Business

10052 SHADYWOOD PLACE

2. Principal Place of Business

STREET ADDRESS

STREET ADDRESS

Block 12 or Block 13 if changed or on an attachment with

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

BOYNTON BEACH FL 33437-1365



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

Applied For

Change

23-1-98 (561)7363501

Addition

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093167 (9)

TEAM PLUS MANAGEMENT, INC.

65-0792143 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation twestor has paid the current year Intangible Yes ☐ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 **B3** 84 City 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) OFFICERS AND DIRECTORS CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PTD 1.1 TITLE FREDRICKSON, JOAN M NAME 1.2 NAME 10052 SHADYWOOD PLACE STREET ADORESS 1.3 STREET ADDRESS BOYNTON BEACH FL 33437-1365 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME FREDRICKSON, ERIC B 22 NAME 10052 SHADYWOOD PLACE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437-1365** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

EXIL B FREPRICKS ON

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE