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

DOCUMENT #

242968

EIGHTH AVENUE DEVELOPMENT CORPORATION

FILED Feb 24 1998 8:00am Secretary of State

CORPORATION									
Principal Place	ce of Business 8 EIGHTH AL	M⊇N	ailing Address						
						DO NOT WRITE IN	THIS SPACE		
INDIALANTIC, 7L 32903						3. Date Incorporated or Qualified Dec 12, 1960			
2. Principal F	Place of Business	2a.	Mailing Address			4. FEI Number	A	pplied For	
21 SAME		26	26 1/D Box 33298			59-094359	-	lot Applicable	
Suite, Apt.	. #, etc	27	Suite, Apř. #, ětc.			5. Certificate of Status Desired	Fee Hequired		
City & Stat		28	THO DIALANTIC, 7L.			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Z10 25 CA2	Cou	ntry	8. This corporation owes or has paid to			
24	20	[29]	2 2703	30 L	*	Personal Property Tax due June 30.		□ No	
	9. Name and Address of Curr	ent Hegisi	tered Agent		81 Name	10. Name and Address of New Regist	ered Agent		
					>/X	ck to bechtel	, M. D.		
					82 Street Ad	dress (P.O. Box Number is Not Acceptable)	PIVE		
-				ŀ	83	I POPUSIT RIVER D	<u> </u>		
						. tr.	1551755		
					B4 City Me	elbourne	FL 52	98/	
11. Pursuant	to the provisions of Sections 607.0	502 and 60	07.1508, Florida Statu	les, the ab	ove-named co	rporation submits this statement for the purp	ose of changing if	ts registered	
office or i	registered agent, or both, in the Sta am fangiliar with, and accord the obl	ile of Florid igations of	ia. Such change was ⊷Section 607,0505, F	autnorized Iorida Stati	by the corpor ites.	ation's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE	Soul 44	elile	~ M. D.			- 1 e	<u>613, 19</u>	798 I	
	Signature, typic dior poi tea nume of register di	opins and filler		TL Registered	Agent signature rec	unicd when reinstating) C ADDITIONS/CHANGES TO OFFICER	AND DIDECTO	00 111 10	
12.	Diene V A C	IND DIREC	DELETE	13. 11 III	F	2001 Maria T	Change	Addition	
NAME	rvesideni			12 NA		ME TO BELLE	_		
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NAME	ANT LACE TOWN	• • • •		2.2 NA	VE]	Arland A. Adams	M.D		
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NAME				6.2 NA				<u></u>	
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CITY - ST - ZIP				-	r · ST · Z/P			12.	

14. I hereby certify that the information supplied with this hing 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:

JACIL T. BECHTEL JOUR

74-13, 1998

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