

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

FILED
Feb 16 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 # **247035** (9)

1. Corporation Name
DIVOSTA AND COMPANY, INC.

Principal Place of Business
**4500 PGA BLVD
PALM BEACH GARDENS FL 33418**

Mailing Address
**4500 PGA BLVD
PALM BEACH GARDENS FL 33418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1961	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0920753		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DI VOSTA, OTTO B 4500 PGA BLVD PALM BEACH GARDENS FL 33418		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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	DI VOSTA, OTTO B	1.2 NAME	OWEN, JACK B. JR.
STREET ADDRESS	4500 PGA BLVD	1.3 STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D	2.1 TITLE	
NAME	DIVOSTA, BETTY, J	2.2 NAME	
STREET ADDRESS	4500 PGA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	SHANNON, WILLIAM, E	3.2 NAME	
STREET ADDRESS	4500 PGA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	KAIRALLA, ROBERT, S	4.2 NAME	
STREET ADDRESS	4500 PGA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HATHAWAY, CHARLES H	5.2 NAME	
STREET ADDRESS	4500 PGA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	TROTTA, GLEN T	6.2 NAME	
STREET ADDRESS	4500 PGA BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	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: *William E. Shannon as VP*

William E. Shannon as VP 2/4/98 (561) 627-2112

CR2E034 (10/97)