## 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 # 257633** 

(8)

**FILED** 

Apr 01 1998 8:00am

Secretary of State

SIX L'S	e of Business W MARKET ROA	COMPANY, INC.	Mailir PO\$1	ng Address T OFFICE BOX 30 OKALEE FL 34143				DO NOT WRI			
00			•					3. Date Incorporated or Qualifie	d		
								04/04/1962			
2. Principal F	Place of Busines	is	2a. M	lailing Address				4, FEI Number		A	pplied For
21			26	26				59-1025845		N	ot Applicable
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
22			27					b. Certificate of Status Desired	<u>ا</u>	Fee R	equired
City & Stat	te	·	C	ity & State				6. Election Campaign Financing	1	\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
ZIP		Country	Zı	ib	Cou	untry		8. This corporation owes or has	paid the ci	urrent year In	tangible
24	25	3	29		30			Personal Property Tax due Ju			□ No
	9. Name ar	nd Address of Curren	t Register	ed Agent				10. Name and Address of New	Registered	Agent	
110	MAN, WILLIA	M				61	Name				
315 E. NEW MARKET ROAD IMMOKALEE FL 33999							Street Addr	ess (P.O. Box Number is Not Accep	table)		
							Outdox Additi	Con the line is not not be	,acioj		
10700	WAIRATE I F	~~J04				83					
							A:-				Ondo
						84	City		F	<b>85</b> Zip	Code
11. Pursuant	to the provision	ns of Sections 607.050	2 and 607	1508, Florida Sta	itutes, the a	above-r	named corp	poration submits this statement for th	e purpose	of changing	its registered
11. Pursuant office or agent. I a SIGNATURE	am familiar with,	, and accept the obliga	ations of, S	Section 607.0505,	Florida Sta	itutes.		oration submits this statement for the ion's board of directors. I hereby ac	e purpose cept the ap	of changing pointment as	its registered s registered
agent. I a	am familiar with,	and accept the obligation of t	ations of, S	policable (I	Florida Sta	itutes. ed Agent		oration submits this statement for the construction of the constru	DATE		
agent. I a	am familiar with, Signature, typed or	, and accept the obliga	ations of, S	policable (I	Florida Sta	itutes. ed Agent		ed when reinstating)	DATE		<u></u>
agent I a SIGNATURE	Signature, typed or	and accept the obligation of t	ations of, S	pplicable (I	Florida Sta	ed Agent		ed when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Bigriature, typed or  PST LIPMAN, V	and accept the obligation of t	ations of, S	pplicable (I	NOTE Registere  13. 1.1 Ti 1.2 N	ed Agent	signature require	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
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residence of this annual report of supplemental annual report is the and accurate and triating signature shall have the same regardless in made alrice daily, that I am a officer or 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: