

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

FILED

**Mar 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 286125
1. Corporation Name
2520 Corporation

Principal Place of Business: **2520 S. Federal Hwy. Boynton Beach, FL 33435-7735**
Mailing Address: **2520 S Federal Hwy Boynton Beach, FL 33435-7760**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
10-16-1964

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

4. FEI Number: **59-2394054**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	EUGENE R. CANDY
82	Street Address (P.O. Box Number is Not Acceptable)	2520 S. Federal Hwy Apt. 7
83		
84	City	Boynton Beach
85	State	FL
86	Zip Code	33435

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: EUGENE R. Candy Pres. *Eugene R. Candy Pres. 3-18-98*
(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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P CANDY, EUGENE R.
STREET ADDRESS		1.3 STREET ADDRESS	2520 S Federal Hwy
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V Marlowe, Harry
STREET ADDRESS		2.3 STREET ADDRESS	2520 S. Federal Hwy
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S D'Aquila, Anne
STREET ADDRESS		3.3 STREET ADDRESS	2510 S. Federal Hwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T.D Bliss, Linwood
STREET ADDRESS		4.3 STREET ADDRESS	2520 S. Federal Hwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Ass't S. 800002467408
STREET ADDRESS		5.3 STREET ADDRESS	Wall, Ann-03/25/98--01004--011
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2520 S Federal Hwy Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D. Smith, Joseph
STREET ADDRESS		6.3 STREET ADDRESS	2520 S Federal Hwy.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Beach, FL 33435

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: Eugene R. Candy *Eugene R. Candy* **3-18-98** **(561) 732 8695**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (10/97)