

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90018 029 ***150.00

0344124

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 286125
 1. Corporation Name
2520 CORPORATION

Principal Place of Business 2520 S. FEDERAL HWY. BOYNTON BCH. FL 33435-7735	Mailing Address 2520 S. FEDERAL HWY BOYNTON BEACH FL 33435-7760
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/16/1964	4. FEI Number 59-2394054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CANDY, EUGENE R
2520 S. FEDERAL HWY APT. 7
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	CANDY, EUGENE R	
STREET ADDRESS	2520 S. FEDERAL HWY. Apt. 7	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	
TITLE	V	
NAME	MARLOWE, HARRY	
STREET ADDRESS	2520 S. FEDERAL HWY Apt. 5	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	D'AQUILA, ANNE	
STREET ADDRESS	2520 SO FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLISS, LINWOOD	
STREET ADDRESS	2520 S. FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALL, ANN	
STREET ADDRESS	2520 S. FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH SMITH	
STREET ADDRESS	2520 SO FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	John Flanagan		
1.2 NAME	2520 S. Federal Hwy Apt 18		
1.3 STREET ADDRESS	Boynton Beach, FL. 33435		
1.4 CITY-ST-ZIP			
2.1 TITLE	S Ann Wall		
2.2 NAME	2520 S. Federal Hwy Apt 15		
2.3 STREET ADDRESS	Boynton Beach, FL 33435		
2.4 CITY-ST-ZIP			
3.1 TITLE	D Patricia Flanagan Apt. 18		
3.2 NAME	2520 S. Federal Hwy.		
3.3 STREET ADDRESS	Boynton Beach, FL. 33435		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: Eugene R. Candy **SIGNATURE REQUIRED** 3-15-99 (561) 732-8695
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)