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 #

328175

(5)

FILCO, LTD.

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
990 NORTH H	OMESTEAD BOULEVARD	10775 CARIBBEAN BLVD.	10775 CARIBBEAN BLVD.			
HOMESTEAD I	FL 33030	ATTN: DENNY NEWMAN MIAMI FL 33189			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33169						3. Date Incorporated or Qualified
						03/28/1968
Principal Place of Business Za. Mailing Address						4. FE! Number Applied For
21	26				59-1204655 Not Applicable	
Suite, Apt. #, etc. Suite, Apt.			, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State	9	City & State	City & State			Fee Hequired
23		28	_			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		This corporation owes or has paid the current year Intangible
24	25	29	30	Ī	•	Personal Property Tax due June 30. Yes No
						10. Name and Address of New Registered Agent
LEEMON, P.A.					Name	
10775 CARIBBEAN BLVD.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33189						
				83		
				84	City	85 Zip Code
11 Purpugat	to the provinces of Sections 607.050	2 and 607 1500 Florida Statut	the et			FL 00 25 State
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 reinstalling) DATE						
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	L DELETE	1.1 TITLE			Change Addition
NAME	LEEMON, P. A.	6		1.2 NAME		and dell and
STREET ADORESS	-10557-GARIBBEAN-BLVD.		1.3 STREET		1 *	0775 CARIBBEAN BluD
CITY-ST-ZIP TITLE	MIAM FL	☐ DELETE	1.4 CITY - S 2.1 TITLE		- ZIP	Change de datable
NAME	PD LEEMON, CHARLES III	☐ VELETE	2.1 HILE 2.2 NAME			☐ Cḥange ☐ Addition ☐
STREET ADDRESS	17704 S. W. 83RD CT.		2.3 STREET		NUDBEGS.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY - S			<u>.</u>
TITLE	STD	☐ DELETE	3.1 TITLE			Change Addition
NAME	LEEMON, LINDA L.		3.2 NAME			
STREET ADDRESS			3.3 ST	REET A	NODRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY - S		-ZIP	
TITLE		DELETE	E 4.1 TITLE			☐ Change ☐ Addition
NAME			4, 2 N	ME	İ	
STREET ADDRESS			4.3 ST	REET A	DDRESS	
CITY-ST-ZIP		- I not one	4.4 CIT		- ZIP	
TITLE		DELETE	5.1 TIT			Chạnge Addition
NAME			5.2 NA			
STREET ADDRESS					DDRESS	
CITY - ST - ZIP		DELETE	5.4 CIT 6.1 TIT		- Zir	☐ Change ☐ Addition
NAME		خم وخيفتونين ومناهم	6.2 NA		Ì	
STREET ADDRESS					DORESS	
CITY-ST-ZIP			6.4 CIT			
	ertify that the information supplied wi	th this filing does not qualify fo				Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 on an attachment with an address.

SIGNATURE:

Leemo N

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