## 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 # 448957

(1)

GYARMATHY & ASSOCIATES, INC.

## **FILED** Apr 14 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address     |  |  |              |      |                            |   |       |  |
|---|--|--|--------------|------|----------------------------|---|-------|--|
| 13180 N. CLE<br>SUITE 111<br>N. ET. MYERS       | veland ave<br>FL 33903-8230  | 13180 N. CLEVELAND AVE<br>Suite 111<br>N. Ft. Myers Fl. 33903-6230 |              |      | DO NOT WRITE IN THIS SPACE | DO NOT WRITE IN THIS SPACE  |       |  |
| M. FT. MILIO                                    | 12 3030 000  | 11. 11. MILIOTE 40000 W  | 200          |      |                            | 3. Date incorporated or Qualified   | _     |  |
|   |  |  |              |      |                            | 03/20/1974  |       |  |
| 2. Principal Pl                                 | ace of Business  | 2a. Mailing Address  |              |      |                            | 4. FEI Number Applied For   | _     |  |
| 21  |  | 26   |              |      |                            | 59-2166651 Not Applicable   | ө     |  |
| Suite, Apt                                      | #, etc.  | Suite, Apt. #, etc.  |              |      |                            | 5. Certificate of Status Desired S8.75 Additional   |       |  |
| 22  |  | 27   |              |      |                            | Fee Required  |       |  |
| City & State                                    | 3  | City & State   |              |      |                            | 6. Election Campaign Financing \$5.00 May Be  |       |  |
| 23 Zip  | Country  | <b>28</b>  | Country      | u    | <del></del>                | Trust Fund Contribution   |       |  |
| 24  | 25   | <u>├</u> ─┐  | 30           | ,    |                            | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  |       |  |
| 24]   | g. Name and Address of Currer  |  | 30           |      |                            | 10. Name and Address of New Registered Agent  | _     |  |
| GV  |  |  | 81           | ī    | Name                       |   | _     |  |
| Gyarmathy, James P.<br>1920 Virginia Ave, 1502A |  |  |              | Η.   |                            | Address (D.O. D. Whenter in N.A.A.  | _     |  |
| FORT MYERS FL 33902                             |  |  | 82           | ľ    | Street Ad                  | t Address (P.O. Box Number is Not Acceptable)   |       |  |
| 101   | II MILIO IL 00802  |  | 83           | 1    |                            |   | _     |  |
|   |  |  |              | ļ.   | <u> </u>                   | leel en out   |       |  |
|   |  |  | 64           | '  ' | City                       | Fi_ 85 Zip Code   |       |  |
| office or re                                    | o the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>in familiar with, and accept the oblig   | e of Florida. Such change was a                                    | uthorized b  | y ti | named c<br>he corpo        | d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered   | ţ     |  |
| SIGNATURE                                       |  |  |              |      |                            |   |       |  |
|   | Signature, typed or printed name of registered ag  |  |              | eni  | signature re               | re required when reinstating) DATE  | _     |  |
| 12.   |  | ID DIRECTORS  DELETE   | 13.          |      |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio   | _     |  |
| TITLE   | PST NAME OF THE PARTY OF THE PA | perent   | 1.1 TITLE    |      |                            | Change C Addition   | 11    |  |
| NAME  | GYARMATHY, JAMES P   |  | 1.2 NAME     |      |                            |   |       |  |
| STREET ADDRESS                                  | 1920 VIRGINIA AVE 1502A<br>FT MYERS, FL 00000  |  | 1.3 STREE    |      | 1                          |   |       |  |
| CITY-ST-ZIP<br>TITLE                            | FI MTERS, FL 00000   | DELETE   | 1.4 CITY-    | 31-  | ZIP                        | Change Additio  |       |  |
| NAME  |  |  | 2.2 NAME     |      | i                          | , onenge  | .     |  |
| STREET ADDRESS                                  |  |  | 2.3 STREE    |      | TUBESS                     |   |       |  |
| CITY-ST-ZIP                                     |  |  | 2.4 CITY-    |      | 1                          | · ·   |       |  |
| TITLE   |  | ☐ DELETE   | 3.1 TITLE    | 01-  | 4.11                       | Change Additio  | <br>n |  |
| NAME  |  |  | 3,2 NAME     |      |                            | _ •   |       |  |
| STREET ADDRESS                                  |  |  | 3.3 STREE    |      | ODRESS                     | ·   |       |  |
| CITY-ST-ZIP                                     |  |  | 3.4. CITY    |      | 1                          |   |       |  |
| TITLE   |  | DELETE   | 4.1 TITLE    |      |                            | Change Additio  | ŋ     |  |
| NAME  |  |  | 4. 2 NAME    | :    |                            |   |       |  |
| STREET ADDRESS                                  |  |  | 4.3 STREE    | T AD | DDRESS                     | İ   |       |  |
| CITY-ST-ZIP                                     |  |  | 4.4 CITY-    | ST-2 | ZIP                        |   |       |  |
| TITLE   |  | ☐ DELETE   | 5.1 TITLE    |      |                            | Change Additio  | n     |  |
| NAME  |  |  | 5.2 NAME     |      |                            |   |       |  |
| STREET ADDRESS                                  |  |  | 5.3 STREE    | T AD | ODRESS                     |   |       |  |
| CITY-ST-ZIP                                     |  |  | 5.4 CITY-    | ST-  | ZIP                        |   |       |  |
| TITLE   |  | ☐ DELETE   | 6.1 TITLE    |      |                            | Change Additio  | ก     |  |
| HAME  |  |  | 6.2 NAME     |      |                            |   |       |  |
| STREET ADDRESS                                  |  |  | 6.3 STREE    | T AD | ODRESS                     |   |       |  |
| CITY - ST - ZIP                                 |  |  | 6.4 CITY-    |      |                            |   |       |  |
| indicated.                                      | on this annual report of comblemant  | al annual report is true and accu                                  | urate and th | 1er  | my cian                    | ted in Section 119.07(3)(i), Florida Statutes. If uriher certify that the information construction shall have the same legal effect as if made under oath; that I am an assequired by Chapter 607, Florida Statutes; and that my name appears in James P. Gyarmathy | )     |  |

James P. Gyarmathy FEB