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 # 606192

(3)

FLORIDA HYBRID SERVICES, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						C BIBII DIBII DIBII BIBII BIBII 1881
7241 LAWRENCE RD LAKE WORTH FL 33462		7241 LAWRENCE ROAD LAKE WORTH FL 33462 US		DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualified	
					01/10/1979	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		Suite, Apt. #, etc.		59-1899279	Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution L 8. This corporation owes or has paid the		
24	<u> </u>		\vdash	,	Personal Property Tax due June 30.	Yes No
24 25 29 29 29 29 Name and Address of Current Regis					10. Name and Address of New Registe	
D41			81	Name		
DAHLGREN, MICHAEL						
250 JFK DRIVE #201			82 Street Ad		Iress (P.O. Box Number is Not Acceptable)	
	ANTIS FL 33462		83	1		
	541110 12 00102		84	City		85 Zip Code
				1 1		FL `` `
11. Pursuant to the provisions of Soctions 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 .		410			ired when reinstating) D	ATE
	Signature typed or printed name of registered a	DENI AND SITE II ADDITICADIO. (NO. NO. DIRECTORS	13.	Seur giðriarna redo	ADDITIONS/CHANGES TO OFFICERS	
TITLE	8	DELETE	1.1 THILE		/IBDITTOTOTOTOTOTOTO	Change Addition
NAME	DAHLGREN, CLARK E		1.2 NAME			
STREET ADDRESS	AAA G AST ALISTA OLI US		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-	ST-ZIP		
TiTLE	D	DELETE	2.1 TITLE			Change Addition
NAME	DAHLGREN, CLARK E		2.2 NAME			
STREET ADDRESS	181 F ATLANTIS BLVD	2 3 STRE		T ADDRESS		
CITY-ST-ZIP	ATT ANTIO TI ACCO		2 4 CITY-ST-7IP			
TITLE	VD	DELETE 31				☐ Change ☐ Addition
NAME	DALHGREN, JEAN		3 2 NAME			
STREET ADDRESS	44. 5 45. 44. 44. 51. 15.		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ATLANTIS, FL 00000		3.4. CITY	-ST-ZIP		
TITLE	P	☐ DELETE	4 1 TITLE			Change L Addition
NAME	DAHLGREN, MICHAEL C		4. 2 NAM			
STREET ADDRESS	250 JFK DRIVE #201		4.3 STREI	T ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		4.4 CITY	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	DRESS 5		5.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE	DELETE 6.		6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CiTY-ST-ZIP			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 in attachment with an anticress.