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

FILED							
Mar 31 1998 8:00am							
Secretary of State							

1. Corporatio	ETH N. JACOBY, P.A.	Mailing Address)			H 1111 1114 1114 1114 1114 111
C/O KENNETH N. JACOBY 1423 S PATRICK DR 1423 S PATRICK DR SATELLITE BEACH FL 32937 C/O KENNETH N. JACOBY 1423 S PATRICK DR SATELLITE BEACH FL 32937			DR		DO NOT WRITE IN THIS	SPACE
US		US			3. Date Incorporated or Qualified 06/13/1980	
2. Principal P	ncipal Place of Business 2a, Mailing Address				4. FEI Number	Applied For
21 26				,	59-2014391	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			ic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curre	29	30			Yes No
	9. Name and Address of Curre	ии чадівтага Афаці	·	81 Name	10. Name and Address of New Registered	WAGIII
JACOBY, KENNETH N. 1423 SOUTH PATRICK DR. SATELLITE BEACH FL 32937				83	dress (P.O. Box Number is Not Acceptable)	
				64 City	FL	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stalim familiar with, and accept the oblig signature, typed or gented runin of registered agents.				rporation submits this statement for the purpose cation's board of directors. I hereby accept the appuised when reinstating) DATE	of changing its registered pointment as registered
12.		ND DIRECTORS	13.	Many signators radi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD DELETE			LE		☐ Change ☐ Addition
NAME	JACOBY, KENNETH N.		1.2 NA	ME		
STREET ADDRESS	1423 SOUTH PATRICK DR.		1.3 ST	REET ADDRESS		ļ.
CITY-ST-ZIP	SATELLITE BEACH FL 3293			IY-ST-ZIP		
TITLE	DELETE			Į.		☐ Change ☐ Addition C
NAME STREET ADDRESS			22 NA	ME REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE	<u></u>	DELE				☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	reet address		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELE	I	i		Change Addition
NAME			4. 2 N			
STREET ADDRESS			•	REET ADDRESS		
CITY-ST-ZIP TITLE		DELE		Y-ST-ZIP		Change Addition
NAME		_ 200	5.2 NA			
STREET ADDRESS				REET ADDRESS		\ \
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME			6.2 NA	ME		1
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP	n Section 119 07/3Vi) Florida Statutos Lituthor o	

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 suppliemental 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.

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WILL BE DE VENNETH N JACOB

3/07/90/11/17/773/99

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