

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F14378** (6)
1. Corporation Name
OGLESBY'S PALMS UNLIMITED, INC.

Principal Place of Business
**24905 SW 107 AVE
HOMESTEAD FL 33032
US**

Mailing Address
**24905 SW 107TH AVENUE
HOMESTEAD FL 33032
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/12/1981	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-2065687	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OGLESBY, JOHN P 24905 SW 107 AVE HOMESTEAD FL 33032		10. Name and Address of New Registered Agent	
		81 Name JANE F. OGLESBY	
		82 Street Address (P.O. Box Number is Not Acceptable) 24905 S.W. 107 AVE.	
		83	
		84 City HOMESTEAD	85 Zip Code FL 33032

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 Jane F. Oglesby **JANE F. OGLESBY, PRES.** DATE 2/6/98
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PRESIDENT
NAME	OGLESBY, JANE F	1.2 NAME	JANE F. OGLESBY
STREET ADDRESS	3714 SW 52ND AVE	1.3 STREET ADDRESS	24905 S.W. 107 AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	PD	2.1 TITLE	VICE PRESIDENT
NAME	OGLESBY, JOHN P	2.2 NAME	DAVID P. OGLESBY
STREET ADDRESS	24905 SW 107 AVE	2.3 STREET ADDRESS	RT. 2, BOX 16-1
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	ALTHA, FL 32421
TITLE	VP	3.1 TITLE	SEC.-TREAS.
NAME	ALDAY, MARY O	3.2 NAME	MARY O. ALDAY
STREET ADDRESS	RT 2 BOX 15	3.3 STREET ADDRESS	RT. 2, BOX 15
CITY-ST-ZIP	ALTHA FL	3.4 CITY-ST-ZIP	ALTHA, FL 32421
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 on an attachment with an address.

SIGNATURE: Jane F. Oglesby **JANE F. OGLESBY** DATE 2/6/98 (874) 981-4920

CR2E034 (10/97)