## 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 #

F76612

(3)

FILED Apr 29 1998 8:00am Secretary of State

TOWN	ICOURT ENTERPRISES, IN	IC.			
3871 NORTH	o of Businoss L. WYCKOFF	Mailing Address  * RICHARD L. WYCH 3871 NORTHWEST 71 CORAL SPRINGS FL	BTH LANE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/16/1982	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2188017	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State	i.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	MCKOFF, RICHARD L.		81 Name		
	871 N.W. 78TH LANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Ü	ORAL SPRINGS FL 33065		83		
			24 00		Int Zin Codo
			84 City	F	Zip Code
SIGNATURE	egistered agont, or both, in the Stat m familiar with, and accept the obli- signature typed or proted name of registered as		s authorized by the corpora Florida Statutes.  OIL: Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
RAME	WYCKOFF, RICHARD L		1.2 NAME		
STREET ADDRESS	3871 NW78TH LANE	•	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CORAL SPRINGS, FL 0000	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2 2 NAME		<u> </u>
STREET ADORESS			2 3 STREET ADDRESS	S. C. C.	
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ • -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE NAME		DELETE	6.2 NAME		الماري الماري المارية
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZiP			6.4 CITY-ST-ZIP		
OILL-GI-ER				O C. 440 07/03/3 Floride October 14 other	s postile that the information

14. It hereby certify that the information supplied with this flying 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 amount 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 of 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 chartered, or private attachment with a haddress.

1 / / Proper Property Day

CRZEC