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 #

F89621

(9)

SAMUEL F. MAY JR. AND COMPANY, P. A.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



11580 ISLAND LAKES LANE BOCA RATON FL 33498		11560 ISLAND LAKES LANE BOCA RATON FL 33498		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 07/07/1982	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 23/23 Flok Real 7 26 23/23 Stok			etind 7	59-2216390	Not Applicable
Suite, Apt. 22 5017	#, etc 4. 2.10	Suite, Apt #, etc. 27 Suite 210		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City1& State	P.J. O	Cap & State	Ti o	6. Election Campaign Financing	\$5.00 May Be
23 / JOCA	MON, Morida	28 ROCA FOSTON	MORIDA	Trust Fund Contribution	Added to Fees
210 Zip 33428 25 Adm Beach 29 33428 30 /A			7 PAIM BEAC	8. This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible Yes No
24 00 10	9. Name and Address of Current	the contract of the contract o	of 1. that because	10. Name and Address of New Registere	
MAY, SAMUEL F, JR B1 Namo					
11EAU ICI AND LAVEC LANE				ddress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33498			23/2	13 State FOAR 7	
			83 Su'r	te 210	
			B4 Cinx	<u> </u>	85 Zip Code
dd Disassant	a the second control of the second control o	and CO7 1000 El vido Ciolulos	LOOC C	A RO-GON F	
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 registeregagent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with languagent the obligations of, Section 607.0505, Florida Statutes.					
	1 1/20	Notes at, Section 607,0505, Florid	Mari TR	4/2	27/40
SIGNATURE	Signature, typical or product numer of regions explicit	Fand trie it applicable (NOTE F	Registered Agent's gnature re	equired when reinstating) DATE	<u> </u>
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		Change
NAME	MAY, SAMUEL F, JR		1.2 NAME	•	;
STREET ADDRESS	11560 ISLAND LAKES LN		1.3 STREET ADDRESS	23/23 State Road 7 Swite Buca Enton, Florida 3342	- 210
CITY-ST-ZIP	BOCA RATON FL	Delete		Buca Enter, Florida 3342	
TITLE		□ D€LETE	2.1 1ITLE		☐ Change ☐ Addition
NAME OTOGET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS 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			3.4. Ci1Y - S1 - ZIP		
TITLE		DELETE	4.1 TOTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		No. 1	4.4 CITY - ST - 7(P		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
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 firing 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 attact urant with an address. Samvel F May JR					