

E 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
Apr 27 1998 8:00a
Secretary of State

INSTRUMENT # F92361 (7)

LEGAL PROPERTIES OF TITUSVILLE, INC.



Place of Business
1829 RIVERSIDE DRIVE
TITUSVILLE FL 32780

Mailing Address
1829 RIVERSIDE DRIVE
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

1. Place of Business
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Country
29. Zip
30. Country

3. Date Incorporated or Qualified
07/28/1982
4. FEI Number
59-2221336
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ **Yes** ☐ **No**

9. Name and Address of Current Registered Agent
MUENICH ROBERT J
29 RIVERSIDE DR
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** **85. Zip Code**

I, the undersigned, being a resident qualified person, do hereby certify that I am a 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, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	<input type="checkbox"/> DELETE MUENICH, MARY LOU 1829 RIVERSIDE DRIVE TITUSVILLE FL	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	<input type="checkbox"/> DELETE MUENICH, ROBERT J. 1829 RIVERSIDE DR. TITUSVILLE FL	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	<input type="checkbox"/> DELETE MUENICH, MARY LOU 1829 RIVERSIDE DRIVE TITUSVILLE FL	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	<input type="checkbox"/> DELETE MUENICH, MARY LOU 1829 RIVERSIDE DR. TITUSVILLE FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 an attachment with an address.

SIGNATURE: *Robert J. Muemich* **4-20-98**

CR2E034 (10/97)