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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004878 (3)

ENDEAVOR MANAGEMENT, INC. Principal Place of Business Mailing Address PO BOX 917729 PO BOX 917729 SUITE 740 SUITE 740 DO NOT WRITE IN THIS SPACE LONGWOOD FL 32781 LONGWOOD FL 32791 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 88-0313397 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name THOMAS D. LARDIN, P.A. 1901 W. CYPRESS CREEK RD., #415 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 84 City Zip Code 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 agont, 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PVDC DELETE Change Addition TITLE 1.1 TITLE WOOD, MELVIN C NAME 1.2 NAME **CR2E034** 1700 SE 185 TERRACE STREET ADDRESS 1.3 STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE STDC 2.1 TITLE TITLE WOOD, REBECCA 2.2 NAME NAME 1700 SE 185 TERRACE 2.3 STREET ADDRESS STREET ADDRESS SILVER SPRINGS FL 34488 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 changes, or on an attachment with an address

SIGNATURE:

CITY-ST-ZIP

4/25/98 561.468-6173

FILED

May 04 1998 8:00am

Secretary of State