## 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 # F96000006680 (0)

PAVEY, INC.

Mailing Address
2290 WARWICK DR.

## **FILED** Apr 14 1998 8:00am Secretary of State



2290 WARWIG OLDSMAR FL			2290 WARWICK DR. OLDSMAR FL 34677					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified							
2 Principal C	Disas of Duning		т-д	14.77					2/19/1996						
2. Principal Place of Business				2a. Mailing Address					4. FEI Number				Applied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					52-1858697			фр.		Applicable	
22				27				<b>5</b> . Ce	ertificate of Status	s Desired		,	-	dditional quired	
City & State			— —	City & State					ection Campaignust Fund Contrib	-				May Be Fees	
Zip		Country		<b>Z</b> ip	Co	untry			is corporation ov						
24	25	<del>_</del>	29		30			Per	rsonal Property	Tax due June	30.	Yes		No	
		nd Address of Cu			me and Addres	s of New Re	gistered A	gent							
	IRISTINE, PAN					81	Name	•							
	90 WARWICK			82	Street	Address (P.O.	Box Number is	Not Acceptal	ole)						
OLDSMAR FL 34677						83									
						84	City			···	<u> </u>	85	Zip C	ode	
11 Purcuant	to the provision	s of Sections 607.	06.02 0.141.60	7 1609 Florido S	atidos the c			d a ser service	L 15 45 1 4 - 4		<u> </u>		·		
office or r	registered agen	it, or both, in the Stand accept the of	tate of Florid	a. Such change w	as authorize	ed by	the cor	rporation's boar	d of directors. I	nent for the p hereby acce	ourpose of of the appo	cnang: pintmen	ng its it as r	registered   egistered	
ŀ	ım tamılar wim,	and accept the or	Digations of,	Section 607.0505	o, Florida Sta	itules	i.								
SIGNATURE	Signature, typed or	printed name of registures	agent and title if	applicable	(NOTE Register	ed Ape	nt signatur	e required when rains	stating)		DATE			<del></del>	
12.	· · · · · · · · · · · · · · · · · · ·		AND DIREC		13.				NTIONS/CHANG	ES TO OFFIC		DIREC	TORS	IN 12	
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NAME					6.2 N			[							
STREET ADORESS						IAEET A	NODRESS							]	
CITY-ST-ZIP					6.4 C	TY-ST	- ZIP	L						ľ	

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 eath; 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.