

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G27073** (7)
1. Corporation Name
FORTIN, LEAVY, SKILES, INC.

Principal Place of Business 180 NE 168TH STREET N MIAMI BCH FL 33162	Mailing Address 180 NE 168TH STREET N MIAMI BCH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/09/1983	
24		29		4. FEI Number 59-2268540	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEAVY, JAMES W
180 NE 168 ST
N MIAMI BCH FL 33162**

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

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FORTIN, DANIEL	
STREET ADDRESS	1292 SW 1ST AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LEAVY, JAMES	
STREET ADDRESS	1051 N. W. 116TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SKILES, CARL	
STREET ADDRESS	6321 SOUTH WEST 5TH PL.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fortin, Daniel
1.3 STREET ADDRESS	14101 N.W. 2nd Ave
1.4 CITY-ST-ZIP	Miami, FL 33168
2.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leavy, James
2.3 STREET ADDRESS	14714 Peace River Way
2.4 CITY-ST-ZIP	West Palm Beach, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 attachment with an address.

SIGNATURE:

Carl Skiles

2/9/98 305 6534493

CP2E034 (10/97)