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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

Principal Place of Business

100 RIALTO PL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

G74005

(1)

Mailing Address 100 RIALTO PL

MAGUIRE INVESTMENT MANAGEMENT, INC.

STE 510 STE 510 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Incorporated or Qualified 12/15/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2353087 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Z_{10} Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOYD, JOEL E. 100 RIALTO PL Street Address (P.O. Box Number is Not Acceptable) **STE 510** 83 MELBOURNE FL 32901 84 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 trailly with and accept the obligations of, Section 607.0505, Florida Statutes. 20 - 7E (NOTE: Registered Agent signature required when rainstating) and title if applicable DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FFICERS AND DIRECTORS 13. 12. Addition Change ☐ DELETE 1.1 TITLE TITLE MAGUIRE, MICHAEL 1.2 NAME NAME 18 MARINA ISLE BLVD #304 STREET ADDRESS 1.3 STREET ADDRESS INDIAN HARBOR BCH. FL 1.4 CITY-ST-ZIP CITY - ST- ZIP Addition Change DELETE DS 2.1 TITLE TITLE MAGUIRE, A GLORIA 2.2 NAME NAME 18 MARINA ISLE BLVD #304 2.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BCH. FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MAGUIRE, A GLORIA 3.2 NAME 18 MARINA ISLE BLVD #304 3.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BCH. FL

6.4 CITY-ST-ZIP 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 Informatio 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

2-2) *3H* Yu7-277-6764

Change

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FILED

Mar 27 1998 8:00am

Secretary of State