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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G95168 (2)

FILED

Jan 15 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address		1 1001111 0410 14101 01401 47010 04101 7844 81217 0141	i (
% PATRICK A. THEW	% PATRICK A. THEW			
350 DENNISON OR. 350 DENNISON OR.				
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 3495		52	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 04/06/1984	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suile, Apl. #, etc.		59-2384205	Not Applicable \$8.75 Additional
22	27		Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	···	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
9. Name and Address of C	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
THEW, PATRICK A	Surfell Hogistered Agelit	81 Name -		Agent
16 SOVEREIGN WAY			hew, PATRICKA.	
PORT ST. LUCIE FL 34949		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83	Sov-181910 WAY	
			· · · · · · · · · · · · · · · · · · ·	
		84 City	. Pierce FL	. 85 34949
11. Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose cation's board of directors. I hereby accept the app	of changing its registered
agent I am familiar with land accept the	e state of Florida. Such change was a obligations of, Section 607.0605, Fk	authorized by the corpora orida Statutes.	ation's board of directors, I nereby accept the app	pointment as registered
SIGNATURE / alm	A A Jam		/- (7-98
Signature typed or printed name of registe		E. Registered Agent signature requ	areo when remaining)	
112. OFFICE F	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIDINECTORS IN 12 T
1 112	1 1 111 151 15	117000	0	
NAME THEW, PATRICK A.	☐ DELETE		Ses,	Change Addition
NAME THEW, PATRICK A. STREET ADDRESS 16 SOVEREIGN WAY	DELETE	1.2 NAME	See,	
STREET ADDRESS 16 SOVEREIGN WAY	_	1.2 NAME 1.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE 16 SOVEREIGN WAY FORT PIERCE FL 34	_	1.2 NAME 1.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME 16 SOVEREIGN WAY FORT PIERCE FL 3 4/ THEW, CAROLE 4.	943	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	SECRETARY-Carole L.T	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 16 SOVEREIGN WAY FORT PIERCE FL 3 4/ THEW, CAROLE & 16 SOVEREIGN WAY	943	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	SECRETARY-Carole L.T	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEW, CAROLE 4- 16 SOVEREIGN WAY FORT PIERCE FL THEW, CAROLE 4- 16 SOVEREIGN WAY FORT PEIRCE FL	? √ * DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	SECRETARY-Carole L.T	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE THEW, CAROLE & 16 SOVEREIGN WAY FORT PIERCE FL 3 4/ THEW, CAROLE & 16 SOVEREIGN WAY FORT PERCE FL V THEW PORT PERCE FL	943	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE	SECRETARY-Carole L.T	Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEW, CAROLE & 16 SOVEREIGN WAY FORT PERCE FL THEW, CAROLE & 16 SOVEREIGN WAY FORT PERCE FL V NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME BURKE, RICHARD A. 1126 SE CLIFTON LANE PORT ST. LUCIE FL STD BURKE, LUCILLE	DELETE DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	SCCRETARY-CARDIE L.T 16 Sovereign WAY FT. Pierce FL. 34949 Michael P Thew 16 Sovereign WAY FT. Pierce FK. 34 TBEASURER	Change Addition
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rnariosy comy man to information supplied with this timing does not quality 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 organization attachment with an address.