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

CORPORATION ANNUAL REPORT 1998 DOCUMENT # C.I. PARTNERS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

% ROY RICKARD

21

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23

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H01664

Country

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(2)

2a. Mailing Address

City & State

Ζıρ

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Suite, Apt. #, etc.

3390 OCEANSHORE BLVD., SUITE 402 ORMOND BEACH FL 32176

Mailing Address	
% ROY RICKARD 3390 OCEANSHORE BLVD SUITE 402 ORMOND BEACH FL 32176	DO NOT WRITE IN THIS SPACE
willians serior is esti-	3. Date Incorporated or Qualified

05/02/1984

59-2395752

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

FILED

Apr 20 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□Ño

Not Applicable

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
RIC	KARD, ROY		В	11	Name				
3390 OCEANSHORE BLVD.			1	82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 402			٦	_	Oll Oct 7	,			
ORMOND BEACH FL 32176		8	13						
					<u> </u>		las I 7:	Code	
			ľ	4	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 registerial agent and tale if applicable (NDTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTO		13.	- Qui	(Signature i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	IRS IN 12	
TITLE	P	DELETE	1.1 THILE			ADDITIONO/OF INNOCES TO OF TOURIS AND	Change		
NAME	RICKARD, ROY	_	1.2 NAME		1		•		
STREET ADDRESS	3390 OCEANSHORE BLVD.	NSHORE BLVD.		1.3 STREET ADORESS					
CITY-ST-ZIP	ORMOND BEACH FL			1.4 CITY-ST-ZIP					
TITLE	VD	DELETE	21 TITLE				☐ Change	☐ Addition	
NAME .	CORBETT, PATRICK		22 NAMI	E	l				
STREET ADDRESS	P O BOX 2556 NA		2.3 STRE	ET A	LODRESS			i	
CITY-ST-71P	DAYTONA BEACH FL		2. 4 CITY	/- ST	-ZIP				
TITLE	D	DELETE	3.1 TITLE	E			☐ Change	Addition	
NAME	GIOVANNI, GARY	I	3.2 NAMI	Έ	ļ				
STREET ADDRESS	707 S. ATLANTIC AVENUE		3.3 STRE	ET A	DDAESS				
CITY-ST-ZIP	ORMOND BEACH FL		3.4. CITY	(- ST	- ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAM	Æ					
STREET ADDRESS		Į.	4.3 STREE	ET A	DORESS			ļ	
CITY - ST - ZIP			44 CITY	- 51-	- ZIP				
TITLE		DELETE	5.1 TITLE		1		Change	Addition	
NAME			5.2 NAME	E					
STREET ADDRESS			5.3 STREE	ET A	.DDRESS				
CITY-ST-ZIP			54 CITY		- ZIP				
TITLE		DELETE	61 TITLE	=			Change	L Addition	
NAME		1	6.2 NAMI	E	1				
STREET ADDRESS			6.3 STREE	ET A	DDRESS				
CITY-ST-ZIP			6.4 CITY			11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11. 6 11	126 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 suppliemental 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 extrovation or the receiver of 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.									

Country

SIGNATURE: