FILE NOW: FILING FEE AFTER MAY 1ST IS \$590.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT STATE

Sandra B. Morth

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 31 1998 8:00am Secretary of State

DOCUMENT # H201 MARTINCAVAGE BROKERAGE, C	• •		
Principal Place of Business	Mailing Address		
1200 S. FEDERAL HWY. STE 1-201A BOYNTON BEACH FL 33435  1200 S. FEDERAL HWY. STE 1-201A BOYNTON BEACH FL 33435  BOYNTON BEACH FL 33435		5	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/10/1984
2, Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-2442617 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25		Country 30	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Yes  No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name			
MARTINCAVAGE, JANICE 1200 S. FEDERAL HWY. SUITE 201A BOYNTON BEACH FL 33435		82 Street Ad 83 84 City	dress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
SIGNATURE	MANUNCAN	s, the above pamed control the corporate statutes.  Register Agent signature rec	progration submits this statement for the purpose of changing its registered attor's board of directors. I hereby accept the appointment as registered appointment appoi
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PVS	☐ DELETE	1.1 TITLE	Change Additio
NAME MARTINCAVAGE, JANICE A	<b>L</b>	1.2 NAME	
STREET ADDRESS 1200 S FED HWY 1-201A		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL	F1 pr. rvr	1.4 CITY - ST - ZIP	[ O ]
TITLE TD	DELETE	2.1 TITLE	Change Madditio
MARTINCAVAGE, JANICE A	<b>L</b>	2.2 NAME	
STREET ADDRESS 1200 S FED HWY 1-201A		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Additio
TITLE		3.1 TITLE	

3.3 STREET ADDRESS

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

REET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

DELETE

DELETE

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execu Block 12 or Block 13 if changed, or on an attachment with an address.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

☐ Change

☐ Change

☐ Addition

Addition

Addition