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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H49616

(6)

MICHAEL CALLAHAN, INC.

| FILED              |   |
|--------------------|---|
| Apr 27 1998 8:00am | 1 |
| Secretary of State |   |



Michael Callahon 4/19/98 641-1859

| Principal Place | e of Business                                     | Mailing Address                         |                            |  |
|-----------------|---|---|----------------------------|--|
| -2001 S MILITA  | ARY   | -2050-S MILITARY TR #10-                | 2                          |  |
| WEST PALM E     | POLI EL POMIE                                     | SUITE 2                                 |                            | DO NOT WRITE IN THIS SPACE   |
| US TALM         | 30H FL 33415                                      | WEST PALM BCH FL 33415<br>US            | ı                          | 3. Date Incorporated or Qualified  |
|                 |   | ••                                      |                            | 03/29/1985   |
| 2. Principal Pl | lace of Business                                  | 2a. Mailing Address                     |                            | 4. FEI Number Applied Fo   |
| 21              |   | 26 2601 5                               | Militor                    | 59-2513283 Not Applica   |
| Suite, Apt.     | #, etc.   | Suite, Apt. #, etc.                     |                            | 5 Certificate of Status Desired 58.75 Additions  |
| 22              |   | 27 5 4 1 Te                             | <u>ہ</u>                   | Fee Required   |
| City & State    | 9   | Cily & State                            | 12 /                       | 6. Election Campaign Financing \$5.00 May Be   |
| 23              |   | 28 W Ds r Pulm                          | Becch                      | Trust Fund Contribution  |
| Žip             | Country   | 29 33415 30                             | Country                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  |
| 24              | 9, Name and Address of Curre                      |   | حرم ال                     | Personal Property Tax due June 30. Yes J No  10. Name and Address of New Registered Agent  |
| CAL             | LLAHAN, MICHAEL                                   | , togistise rigon                       | 81 Name                    | 10, ratio and radiosa of the registered right  |
|                 | HARYLAND DR (                                     | 17 No. K 5                              | *                          |  |
|                 | KE WORKTH FL 33460                                | 17 20111 2                              | 82 Street                  | Address (P.O. Box Number is Not Acceptable)  |
| LAN             | LE WORK IN FL 33400                               |   | 83                         | 17 Non K Street  |
|                 |   |   |                            |  |
|                 |   |   | 84 City                    | Tre Worth FL 85 Zip Code   |
| 11 Pureuant to  | o the provisions of Sections 607.05               | 02 and 607 1508 Florida Statutes        |                            | Te Worth FL 33 460 corporation submits this statement for the purpose of changing its registe  |
| office or re    | egistered agent, or both, in the State            | e of Florida. Such change was aut       | horized by the corp        | poration's board of directors. I hereby accept the appointment as registere  |
| -               | m familiar with, and accept the obliq             | gations of, Section 607,0505, Florid    | aa Statutes.               |  |
| SIGNATURE .     | Signature, typed or printed name of registered ag | nent and title it as alle able (NOTE F  | logistered Agent signature | required when reinstating) DATE  |
| 12.             |   | ND DIRECTORS                            | 13.                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE           | DPV   | ☐ DELETE                                | 1.1 TITLE                  | ☐ Change ☐ Add   |
| NAME            | CALLAHAN, MICHAEL                                 |   | 1.2 NAME                   |  |
| STREET ADDRESS  | -945 MARYLAND DR.                                 | 17 No. K 5%.                            | 1.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     | LAKE WORTH FL                                     | 33460                                   | 1.4 CITY - ST - ZIP        |  |
| TITLE           |   | ☐ DELETE                                | 2.1 TITLE                  | Change Add   |
| NAME            |   | i                                       | 2.2 NAME                   |  |
| STREET ADDRESS  |   |   | 2.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     |   |   | 2.4 CITY-ST-ZIP            |  |
| TITLE           | _   | ☐ DELETE                                | 3.1 TITLE                  | Change Add   |
| NAME            |   |   | 3.2 NAME                   |  |
| STREET ADDRESS  |   |   | 3.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     |   |   | 3.4. CITY - ST - ZIP       |  |
| TITLE           |   | ☐ DELETE                                | 4.1 TITLE                  | ☐ Change ☐ Add   |
| NAME            |   |   | 4. 2 NAME                  |  |
| STREET ADDRESS  |   |   | 4.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     |   |   | 4.4 CITY - ST - ZIP        |  |
| TITLE           |   | [] DELETE                               | 5.1 TITLE                  | ☐ Change ☐ Add   |
| NAME            |   |   | 5.2 NAME                   | •  |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     |   |   | 54 CITY-SI-ZIP             |  |
| TITLE           |   | ☐ DELETE                                | 6.1 TITLE                  | ☐ Change ☐ Add   |
| NAME            |   |   | 6.2 NAME                   |  |
| STREET ADDRESS  | :   |   | 6.3 STREET ADDRESS         |  |
| CITY-ST-ZIP     | 1   |   | 6.4 CITY-ST-ZIP            |  |
| 14. I hereby co | ertify that the information supplied y            | with this filing does not qualify for t | he exemption state         | d in Section 119.07(3)(i). Florida Statutes. I further certify that the informat nature shall have the same legal effect as if made under oath; that I am ar |
| officer or d    | director of the corporation or the rec            | ceiver or trustee empowered to exc      | ecute this report as       | required by Chapter 607, Florida Statutes; and that my name appears in   |
| Block 12 o      | or Blook 13 if changed, or on an atta             | achment with an address.                |                            | 561-   |