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 #

(1)

O'LAUGHLIN & O'LAUGHLIN, P.A.

Jan 22 1998 8:00am Secretary of State

FILED

Principal Place	Principal Place of Business Mailing Address * ELSIE M. O'LAUGHLIN * ELSIE M. O'LAUGHLIN				
		% ELSIE M. O'LAUGHLIN			
342 FERNAND FT PIERCE FL		P.O. BOX 3405 FT PIERCE FL 34948			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					07/18/1986
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21] <i>342</i>	FERNANDIN	9.5 26 P.O. BOX	24	05	59-0901490 Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State	20 ~	51	6. Election Campaign Financing \$5.00 May Be
23 7	PIERCE	1/1 28 FT. MIEN		<u> </u>	Trust Fund Contribution
ສື2 <i>ກ</i> 4	alla se San I.	240118	Country	Loca	8. This corporation owes or has paid the current year Intangible
24 547	9. Name and Address of Cui	rent Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Oil	AUGHLIN, ELSIE M.	Telli tregistorea Agent	B1	Name	(U. Hallo with Addises of Heat Hegisteled Agent
	PERNANDINA				
	PIERCE FL 34949		82	Street Add	ddress (P.O. Box Number is Not Acceptable)
• •	1 161106 1 2 01019		83		
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.	0502 and 607,1508. Florida Statutes	the above	l e-named cor	
office or re	egistered agent, or both, in the St	ate of Florida Such change was aut	horized by	the corpora	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered
	The state of the s	onganongon, section postosos, violic	Ja Jiaiules	э.	1/0/00
SIGNATURE	Signature, typed or printed name of registered	agent and title / uplicable (NOTE: P	Registered Age	ent signature requ	quired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1,1 TITLE		Change Addition
NAME	O'LAUGHLIN, ELSIE M.		1.2 NAME		
STREET ADDRESS	342 FERNANDINA		1.3 STREET	ADDRESS	
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY - S	ST-ZIP	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CITY - S	ST-ZIP	
TITLE		L_ DELETE	3.1 TITLE		L. Change L. Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP		Drive	3 4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TOLE		LJ Change LJ Addition
NAME CONTEXT ADDRESS			4 2 NAME	LODDEGO	
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	11 - ZIP	Change Addition
NAME			5.2 NAME		Cumile Footile
STREET ADDRESS			5.3 STREET	Annococ	
CITY-ST-ZIP			5.4 CITY-S		
TITLE		☐ DELETÉ	6.1 TITLE	- ZIF	Change Addilio
NAME			6.2 NAME		Change
STREET ADDRESS			6.3 STREET	ADDRESS	
City-St-ZIP		İ	6.4 CITY-S	- 1	
14. I hereby co	ertify that the information supplied	d with this filing does not qualify for t	he exemp	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of	on this annual report or suppleme	ental annual report is true and accura	ate and tha	at my signati	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	or Block 13 if changed, or on an	ittachment with an address.	odulo IIIIS I	leport as rep	