

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J46679** (3)
1. Corporation Name
FLOREAL, INC.

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1819 MAIN ST.
400
SARASOTA FL 34236**

Mailing Address
**1819 MAIN STREET
SUITE 400
SARASOTA FL 34236
US**

2. Principal Place of Business
21 2169 Main Street
Suite, Apt. #, etc.
22
City & State
23 Sarasota, FL
Zip
24 34237

2a. Mailing Address
26 1131 S. Orange Avenue
Suite, Apt. #, etc.
27
City & State
28 Sarasota, FL
Zip
29 34236

Country
30 Sarasota

3. Date Incorporated or Qualified
12/11/1986

4. FEI Number
59-2748416

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. 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
**STONE, ARTHUR T.
1819 MAIN STREET
SUITE 400
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
Arthur T. Stone

82 Street Address (P.O. Box Number Is Not Acceptable)
1131 S. Orange Ave.

83

84 City
Sarasota

85 Zip Code
FL 34236

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 Arthur T. Stone **Arthur T. Stone, Secretary** **7/22/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **THELLER, CLAUDE A.**
STREET ADDRESS **1819 MAIN STREET SUITE 400**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE
NAME **STONE, ARTHUR T.**
STREET ADDRESS **1819 MAIN STREET SUITE 400**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Theller, Claude A.**
1.3 STREET ADDRESS **1131 S. Orange Avenue**
1.4 CITY-ST-ZIP **Sarasota, FL 34236**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **Stone, Arthur T.**
2.3 STREET ADDRESS **1131 S. Orange Avenue**
2.4 CITY-ST-ZIP **Sarasota, FL 34236**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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 on an attachment with an address.

SIGNATURE Arthur T. Stone **Arthur T. Stone, Secretary** **7/22/98**

CR2E034 (5/98)