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 # J84047

JOHN JAY GONTAREK, P.A.

(6)

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business
FT. WALTON BEACH FL 32548 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1987 2. Principal Place of Businoss 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Businoss 2c. Principal Place of Businoss 2d. Mailing Address 2d. Maplied For 2d. Mapplicable 2d. Mot Applicable 2d. Street Address of Status Desired 2d. Mot Applicable 2d. Mot Applicab
FT. WALTON BEACH FL 32548 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1987 2. Principal Place of Businoss 28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. City & State 23. Certificate of Status Desired Status Desired Fee Required City & State 29. Country 20. Country 21. Country 21. Country 22. Principal Place of Businoss 30. Date Incorporated or Qualified 07/23/1987 4. FEI Number 59-2820184 Not Applied For Not Additional Fee Required 5. Certificate of Status Desired Status Desired Additional Fee Required 5. Certificate of Status Desired Additional Fee Required 5. Certificate of Status Desired Additional Fee Required 6. Election Campaign Financing Address of May Be Added to Fees Trust Fund Contribution Added to Fees 21. Add to Fees 22. Principal Property Tax due June 30. Yes Not 23. Name and Address of Current Registered Agent 6. Election Campaign Financing Address of New Registered Agent Personal Property Tax due June 30. Yes Not 10. Name and Address of New Registered Agent 6. Street Address (P.O. Box Number is Not Acceptable)
3. Date Incorporated or Qualified 07/23/1987 2. Principal Place of Business 28. Mailing Address 4. FEI Number 59-2820184 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 29. City & State 28. Country 29. Country 29. Country 29. Country 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 29. Country 29. Country 29. State 29. Suite, Apt. #, etc. 29. State 29. State 29. Suite, Apt. #, etc. 30. Certificate of Status Desired 30. Election Campaign Financing 30. This corporation owes or has paid the current year Intangible 29. Personal Property Tax due June 30. Yes No 90. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2a. Mailing Address 5. Election Campaign Financing Fee Required City & State 25 29 20 20 20 20 20 20 20 20 20 20 20 20 20
28 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No Sin Name GONTAREK, JOHN JAY 181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 28 Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite Address of Status Desired Added to Fees No No Personal Property Tax due June 30.
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 28 Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Suite Address of Status Desired Added to Fees No No Personal Property Tax due June 30.
City & State City & Country
28 Trust Fund Contribution Added to Fees Zip Country Zip Country 28 S. 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 GONTAREK, JOHN JAY 181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548
Zip Country Zip Country Sip
24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent GONTAREK, JOHN JAY 181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548 Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
9, Name and Address of Current Registered Agent GONTAREK, JOHN JAY 181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548 10, Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
GONTAREK, JOHN JAY 181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
181 EGLIN PARKAWAY FORT WALTON BEACH FL 32548 82 Street Address (P.O. Box Number is Not Acceptable)
FORT WALTON BEACH FL 32548
" "
i
84 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.
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature typed or puniled name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP DELETE 1.1 TITLE DELETE Addition
NAME GONTAREK, JOHN JAY 12 NAME
STREET ADDRESS 505 GREENWOOD COVE SOUTH 13 STREET ADDRESS
CITY-ST-ZIP NICEVILLE FL 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-7IP 2.4 CITY-ST-7IP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 34. CITY-ST-ZIP
TITLE DELETE 41 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-SI-7IP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREFT ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CHY-ST-ZIP 64 CHY-ST-ZIP

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 leceiver or trustee empowered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagrament with an address.

SIGNATURE:

4-13-98

850-243-2021