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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J91281 (2) SUBS NEW HAVEN, INC.

**FILED** Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3048 W. NEW HAVEN AVE. 762 SANDERLING DR W.MELBOURNE FL 32904 INDIALANTIC FL 32903-4716 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/04/1987</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1525 N. Hwy A-1-A Not Applicable 59-2854055 21 Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registe 10. Name and Address of New Registered Agent Name CORBETT, KOSTER **762 SANDERLING DRIVE** 82 Street Address INDIALANTIC FL 32903 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 igent, 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ DELETE 1.1 TITLE CORBETT, KOSTER NAME 1.2 NAME 762 SANDERLING DR STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE MYRNA F. CORBETT NAME 2.2 NAME 762 SANDERLING DR. 2.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 attachman with an address.

SIGNATURE: