

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

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Martham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K00770**

1. Corporation Name  
**FLORIDA STATEWIDE AGENCIES, INC.**

(3)

|   |   |  |   |
|---|---|--|---|
| Principal Place of Business<br>10 FAIRWAY DR #302<br>DEERFIELD BEACH FL 33441   |   | Mailing Address<br>10 FAIRWAY DR #302<br>DEERFIELD BEACH FL 33441  |   |
| 2. Principal Place of Business<br>21 <i>6853 S.W. 18 St.</i>  | 2a. Mailing Address<br>26 <i>6853 S.W. 18 St.</i> | 4. FEI Number<br>27 <i># M110</i>  | Applied For<br>Not Applicable   |
| Suite, Apt. #, etc.<br>22 <i># M110</i>   | Suite, Apt. #, etc.<br>27 <i># M110</i>           | 5. Certificate of Status Desired<br>28 <i>Boca Raton, FL</i>   | \$8.75 Additional<br>Fee Required   |
| City & State<br>23 <i>Boca Raton, FL</i>  | City & State<br>28 <i>Boca Raton, FL</i>          | 6. Election Campaign Financing<br>Trust Fund Contribution<br>29 <i>33433 USA</i>   | \$5.00 May Be<br>Added to Fees  |
| Zip<br>24 <i>33433</i>  | Country<br>25 <i>USA</i>                          | 30 <i>USA</i>  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Name and Address of Current Registered Agent<br>LEAHAN, WILLIAM V.<br>297 S.E. EIGHTH AVE.<br>DEERFIELD BEACH FL 33441 |   | 10. Name and Address of New Registered Agent<br>81 Name <i>William V. Leahan</i><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><i>2899 VIA DENEZIA</i><br>83<br>84 City <i>Deerfield Bch.</i> FL Zip Code <i>33442</i> |   |

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 *Carole Kemper / Sec/Treas/Dic* DATE *1/15/98*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEAHAN, WILLIAM V.<br>2899 VIA DENEZIA<br>DEERFIELD BCH FL | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br><i>William V. Leahan<br/>2899 VIA DENEZIA<br/>Deerfield Bch. FL 33442</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEINBERG, ROY G.<br>18372 SE HERITAGE DR<br>TEQUESTA FL    | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KEMPER, CAROLE<br>2285 ELDORADO CT<br>ST CLOUD FL          | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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: *Carole Kemper / Sec/Treas/Dic* DATE *1/15/98 407-957-6411*

FILED  
Jan 28 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)