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. Corporation Name K02315

(5)

LUCERA, INC.

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							† OPPOLONOU DECKU BYBYY I	DINAL OFBIA INAL	
MARCO ISLAND FL 34145 M/			P O BOX 638 MARCO ISLAND FL 33969 US			DO NOT WRITE IN THIS SPACE			
00		Uð				3. Date Incorporated or Qualified			
						11/16/1987			
2. Principal Place of Business 2a. Mailing Ad			Address			4. FEI Number		Applied For	
Suite, Apt.	# etc	26 Suite An	Suite, Apt. #, etc.			65-0017797	60.7	Not Applicable 5 Additional	
22	.,	27	h			5. Certificate of Status Desired	1 1	Required	
City & State	•	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23 Zip		28				Trust Fund Contribution	Adde Adde	ed to Fees	
24 24	Country	Zip 29	30	ountry		8. This corporation owes or has pa		Intangible	
9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
NEALE, PATRICK H ESQ 81						Name			
48 TEMPLEWOOD CT				62 Street Addre		ss (P.O. Box Number is Not Acceptab	le)		
MARGO ISLAND FL 34145									
				83					
i				84 C	ity		FL 85 Z	ip Code	
11. Pursuant I	o the provisions of Section	ration submits this statement for the p		g its registered					
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									
12.		registered agent and title if applicable ICERS AND DIRECTORS	(NO1E Registe		gnature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ODC IN 12	
TITLE	DP	L		TITLE		ADDITIONS/CHANGES TO OFFICE	Chang		
NAME	NEALE, PATRICK		1.2	NAME					
STREET ADDRESS	48 TEMPLEWOOD C	OURT	1.3	STREET ADD	RESS				
CITY-ST-ZIP	MARCO ISLAND FL	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZI	Р				
TITLE	DS	L_		TITLE			☐ Chang	e 🔲 Addition 🕻	
HAME	NEALE, MARY	ALIDT		NAME				ļ	
STREET ADDRESS CITY-ST-ZIP	48 TEMPLEWOOD C MARCO ISLAND FL	OUKI		STREET ADD		•	• ••	ĺ	
TITLE	MARICO ISLAND FL			4 CMY-ST-Z	P I		Change	e Addition	
NAME		_		NAME	İ			· C / ILLOUIS, III	
STREET ADDRESS			3.3	STREET ADD	RESS				
CITY-ST-ZIP			3.4	CITY-ST-ZI	P				
TITLE			DELETE 4.1	TITLE			Change	e 🔲 Addition	
NAME			4.2	2 NAME					
STREET ADDRESS			43	STREET ADD	RESS				
CITY-ST-ZIP				CITY-ST-ZII	<u> </u>			4 1 80	
TITLE		L		TITLE			☐ Change	e 🔲 Addition	
STREET ADDRESS				NAME STORET AND	ncee			ļ	
CITY-ST-ZIP				STREET ADD	ì				
TITLE				CITY-ST-ZIF			Change	e Addition	
NAME		_		NAME			- Change	, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS				STREET ADD	RESS				
CITY-ST-ZIP				CITY-ST-ZIF					

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 trusfee employeered 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 adapting of with an address.

SIGNATURE: