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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K06319 (3)

1. Corporation Name
LINDA O'BRIEN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

209 DUVAL ST.
KEY WEST FL 33040

209 DUVAL ST.
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1987

4. FEI Number

65-0023931

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

2. Principal Place of Business

21 923 FLEMING STREET

2a. Mailing Address

26 923 FLEMING STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 KEY WEST FL

City & State

28 KEY WEST FL

Zip

24 33040

Country

25 USA

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

HALPERN, MICHAEL
209 DUVAL STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name LINDA O'BRIEN

82 Street Address (P.O. Box Number is Not Acceptable)

83 923 FLEMING STREET

84 City KEY WEST

FL

85 Zip Code 33040

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

LINDA O'BRIEN

(NOTE: Registered Agent signature required when reinstating)

DATE 1/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
O'BRIEN, LINDA
STREET ADDRESS 209 DUVAL STREET
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME VP
LINDA OBRIEN
STREET ADDRESS 209 DUVAL STREET
CITY-ST-ZIP KEY WEST 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P
LINDA O'BRIEN
1.3 STREET ADDRESS 923 FLEMING STREET
1.4 CITY-ST-ZIP KEY WEST FL 33040

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME T
LINDA O'BRIEN
2.3 STREET ADDRESS 923 FLEMING STREET
2.4 CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP
VANESSA WRIGHT
3.3 STREET ADDRESS 923 FLEMING STREET
3.4 CITY-ST-ZIP KEY WEST FL 33040

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME S
LANCE WRIGHT
4.3 STREET ADDRESS 923 FLEMING STREET
4.4 CITY-ST-ZIP KEY WEST FL 33040

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: LINDA O'BRIEN 1/26/98 (305) 296-5510

CR2E034 (10/97)