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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

K60932

(6)

CUSTOM MOBILITY, INC.

FILED
May 01 1998 8:00am
Secretary of State



· ····································	of Business	Mailing Address					
12345 STARKEY ROAD SUITE E LARGO FL 34643		12345 STARKEY ROAD SUITE E					
LARGO FL 34	643	LARGO FL 34643			DO NOT WRITE	E IN THIS SPACE	
					3. Date Incorporated or Qualified		
					01/25/1989		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2924116		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.7	Additional	
22		27			5. Certificate of Status Desired	Fee Fee	Required
City & State	• -	City & State			6. Election Campaign Financing		May Be
:3		28	,		Trust Fund Contribution	☐ Adde	d to Fees
_ Zip ¬	Country	Zip	Country	У	8. This corporation owes or has pa		
4	25	29	30]		Personal Property Tax due June		□ No
	9. Name and Address of Curre	mit Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	YES, BRUCE D.		"	Name			
	85 4TH STREET EAST		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
TRE	EASURE ISLAND FL 33706		83	 -			
			0.3	'			
			84	City		85 Z	p Code
				<u> L,,</u>		FL °°	1
11. Pursuant to	o the provisions of Sections 607.05 agistered agent, or both, in the Stat	502 and 607.1508, Florida Statu le ef Florida. Such change was	ites, the abov authorized b	re-named cor v the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing pt the appointment	g its registered as registered
agent. I a	n familiar with, and accept the obli	gations of, Section 607.0505, F	Iorida Statute	S.	,	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE	the same of the sa						
	Signature, typed or printed name of impotence a			ent signature requ	ured when reinstaling)	DATE DURSOT	000 111 40
12.	OFFICERS A	ND DIRECTORS	13.	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
12. TITLE	OFFICERS A		13. 1.1 TOLE	ent signature requ		<u> </u>	
12, TITLE	DV BAYES, BRUCE D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			CERS AND DIRECT	
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4/23/98 (813)539-8119 EXT 318