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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

2a, Mailing Address

City & State

Suite, Apt. #, etc.

OUGHTRED ENTERPRISES, INC.

Country

g. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address	
756 BEACHLAND BLVD VERO BEACH FL 32963 US	756 BEACHLAND BLVD VERO BEACH FL 32963 US	

26

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 06/22/1989

65-0128123

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

COLLINS, GEORGE G JR ESQ 756 BEACHLAND BLVD VERO BEACH FL 32963		81 Na	me			
		82 Str	2 Street Address (P.O. Box Number is Not Acceptable)			
VC	INO BEACH PL 32903		83			
			84 Cit	y FL 85 Zip Code		
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						
			Hegistered Agent sign	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	OUGHTRED, W L		1.2 NAME			
STREET ADDRESS	1900 DUNDAS ST W #245		1.3 STREET ADDR	FSS 1 [5		
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		1,4 CITY-ST-ZIP			
TITLE	VPD	DELETE	2.1 TITLE	☐ Change ☐ Addition C		
NAME	HAGEMAN, SUSAN M.		2.2 NAME			
STREET ADDRESS	1900 DUNDAS ST W #245		2.3 STREET ADDRE	ess		
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		2. 4 CITY+ST-ZIP			
TITLE	SD	DELETE	3.1 TITLE	Change Addition		
NAME	OUGHTRED, FREDA M.		3.2 NAME			
STREET ADDRESS	1900 DUNDAS ST W #245		8.3 STREET ADDRE	iss		
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		S.4. CITY - ST-ZIP			
ΤιΤLE	TD	☐ DELETE	4.1 TITLE	Change Addition		
NAME	BOND, F. ELISE		4, 2 NAME			
STREET ADDRESS	1900 DUNDAS ST W #245		4.3 STREET ADDRE	:55 [
CITY-ST-ZIP	MISSISSAUGA, ONT CAN		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TIYLE	☐ Change ☐ Addition		
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRE	SSS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		L DELETE	61 TITLE	Change Addition		
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRE	SS		
CITY-ST-ZIP		12 mg	6.4 CITY-ST-2IP	11 C 21 C 27 C 27 C 27 C 27 C 27 C 27 C		
14. I hereby certify that the information supplied with this filling 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: JON 20/98 607-5998						

Country

30