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 #

L33678

(8)

FILED Feb 11 1998 8:00am Secretary of State

ULTIMI	S CORP.							
						1 1 1 1 1 1 1 1 1 1 	 	
Principal Place	e of Business	Mailing Addre	SS			1 12311210 223 71122 11112 21111 12230 1211		1000
	HAMMOCK RD.		10 FLAMINGO HAMMOCK RD.					
ISLAMORADA	1 FL 33036	ISLAMORADA FL 33036				DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualified		
						11/30/1989		
2. Principal Pi	ace of Business	2a. Mailing Ad	dress			4, FEI Number	17	Applied For
21		26			22-3012047		lot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22		27			5. Certificate of Status Desired	Fee I	Pequired	
City & State	9	City & State			8. Election Campaign Financing		🕽 Мау Ве	
23		28		<u> </u>		Trust Fund Contribution	Adde:	to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid	— ·	1
24	25 9. Name and Address of Curren	29	30	<u> </u>		Personal Property Tax due June 3 10. Name and Address of New Reg		L No
DV		k negistered Agen	L	81 Name	7.	10, Haille Blid Address of New Neg	haraido Waliir	
KYAN Christe (.								
10 FLAMINOGO HAMMOCK RD.					Addres	ss (P.O. Box Number is Not Acceptable	2001	\ D
ISLAMORADA FL 33038						-AMINGO HAMM	OCK KO	KU
				63				
				84 City	مام		FL 85 Zin	Code
44 6	10 6 707 000	0 1 002 4000 EI-	- de Otal das d	<u>لأم ا</u>		morada		2026
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								
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 lamiliar with and accept the obligation of Section 607.0505, Florida Statutes.								
SIGNATURE Signature typoder printed name of registered agent and title iii prplicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature: typed of printed name of registered age OFFICERS AND		(NOTE: Re	13.	required	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D		DELETE	1.1 TITLE	Ī	NODITION OF THIS CO. T. TO.	☐ Change	
NAME	RYAN, DENNIS R.	_		1.2 NAME				
STREET ADDRESS	10 FLAMINGO HAMMOCK RI	D.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ISLAMORADA FL 33036			1.4 CITY-ST-ZIP				
TITLE	U		DELETE	2.1 TITLE	D		Change	☐ Addition
NAME	RYAN, CHRISTEL C.			2.2 NAME	QVL	W. CHRISTELC.		
STREET ADDRESS	210 WESY ROGUES PATH			2.3 STREET ADDRESS	ic	FLAMINGO HAMA	MOCK RD.	
CITY-ST-ZIP	HUNTINGTON NY		•	2. 4 CITY - ST - ZIP	1.5	IN, CHRISTELC. OFLAMINGO HAMM Namorada, FL 3:	3036	
TITLE			DELETE	3.1 TITLE	سور	100000000000000000000000000000000000000	☐ Change	Addition
NAME				3.2 NAME	İ			
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. DITY-ST-ZIP				
TITLE			DELETE	4.1 TITLE		The second secon	Change	Addition
NAME				4. 2 NAME	ĺ			
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				4 4 CITY-ST-ZIP	1			
TITLE			DELETE	51 TITLE			Change	Addition
NAME				5 2 NAME	[
STREET ADDRESS				5 3 STREET ADDRESS				
CITY-ST-ZIP				5 4 CITY-ST-ZIP				
TITLE			DELETE	61 TITLE	Ī		☐ Change	Addition
NAME				62 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST-ZIP				
	ertify that the information supplied w	ith this filing does no	ot qualify for th		ed in Se	ection 119.07(3)(i), Florida Statutes. I fu	urther certify that th	e information

4. 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.

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1-27-9 8 (305)-2202