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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Country

9. Name and Address of Current Registered Agent

ANNUAL REPORT 1998		Secretary of Stale DIVISION OF CORPORATION	Secretary of State
DOCUMENT # 1. Corporation Name BRENDA DOWD, P./		(7)	
Principal Place of Business Mailing Address			
1850 S. PARK AVE B-3 Titusville Fl 32780 US		ISO 8. PARK AVE 3 Tusville FL 32780 S	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Country

<u>05/21/1990</u>

59-3034133

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

FILED

Apr 16 1998 8:00am

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

81 Name DOWD, BRENDA 1850 S. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) APT B-3 63 TITUSVILLE FL 32780 84 City 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 objections of, Section 607.0505, Florida Statutes. Beenda OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE DOWD, BRENDA 1.2 NAME NAME 1850 S. PARK AVE. 8-3 STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 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.