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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

MOGEORD & SMITH INC

! HAD IN ON THE COME CANDO CONTO

FILED

Mar 04 1998 8:00am

Secretary of State

Modific	ond a omitti, ino.								
Driver and Disease	-40	Mailing Address				{			
Principal Place	or business	·	·						
200 RICH ST VENICE FL 34292		VENICE FL 34292				DO NOT WRITE IN THIS SPACE			
US		US	U\$			3. Date Incorporated or Qualified			
						03/01/1988			
2. Principal Pi	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	Ap	piled For	
21		26	26			65-0033938	No	t Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added t		
Zip	Country					8. This corporation owes or has paid the	current year Inte	angible	
24	25	29	30			Personal Property Tax due June 30.			
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Registers	d Agent		
SM	ITH, CHARLES A.		1	81 Nam	8				
	RICH STREET		ł	B2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)			
VEN	NICE FL 34292		Į						
				63					
			Ì	84 City		F	85 Zip 0	Code	
11. Pursuant to office or re agent. Lar	to the provisions of Sections 607.0 agistered agent, or both, in the Standard Indianaliar with, and accept the ob-	502 and 607.1508, Florida Statu ate of Florida Such change was ligations of, Section 607.0505, F	ites, the ab authorized lorida Stati	ove-name by the co	d corpo orporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the s		s registered registered	
SIGNATURE									
	Signature, typed or printed name of registered			Agent signat	re required	d when reinstating) DATE		0.0140	
12.		AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	DIRECTOR Change	S IN 12 Addition	
TITLE	P OUT OUR DECAME	L DELETE	1,1 T()		V	r , , , , , ,		A	
NAME	SMITH, CHARLES A.		1.2 NAME		اردا	ogtorally, Ramuna C.			
STREET ADDRESS	446 N SHORE DR		1.3 STREET ADDRESS		120	ogford II, Edmund C. 11 5. Harbor Drive Lenice, Fl 34285			
CITY-ST-ZIP	OSPREY FL	X DELETE	1.4 CH 2.1 TH	Y-ST-ZIP	$+\nu$	enice, F) 34285	Change	☐ Addition	
TITLE	VP	A Detter							
NAME	MOGFOND, EDMUND C.	•	2.2 NA		\Box				
STREET ADDRESS	613 GRANADA AVE.			EET ADDRES	'				
Crty-St-2#P	VENICE FL	DELETE	2. 4 CI	Y-ST-ZIP	+		Change	Addition	
TITLE			3.1 H				CT Austilla		
NAME STREET ADDRESS				vic Neet addres:	,				
					'				
CIFY-ST-ZIP TITLE		DELETE	4.1 TIT	Y-ST-ZIP	+		Change	Addition	
NAME		C Section	4.2 N						
STREET ADDRESS				reet addres:	.				
					Ή				
CITY-ST-ZIP TITLE		DELETE	5.1 TiT	Y∙ST-ZIP LF	+		Change	Addition	
NAME			5.2 NA						
STREET ADDRESS				reet addres:	.			Ì	
CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		DELETE	6.1 TIT		+		☐ Change	Addition	
NAME			6.2 NA					_	
STREET ADDRESS			1	REET ADDRES	; l				
CITY-ST-ZIP				Y-ST-ZIP	1				

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 informatic 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.