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 # M72432

(1)

OBERDECK FERNERY, INC.

FILED

May 11 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address		- 1 (48)484) (1) 18810)(8) 81888 3(1)8)(OL BIBIL BEDIL OLDIL BIBIL BIBIL 1881
3047 PLYMOUTH STREET JACKSONVILLE FL 32205 US	3047 PLYMOUTH STREE JACKSONVILLE FL 3220		DO NOT WRITE	IN THIS SPACE
			3. Date Incorporated or Qualified 03/11/1988	
2. Principal Place of Business 21 44/0 Private Come Rd	2a. Mailing Address 26 4410 7	irates Com 16	4 55(1)	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Jacksonville Il	City State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	29 32210	30 Suval	This corporation owes or has pa Personal Property Tax due June	id the current year Intangible
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
POUCHER, ALLEN L. JR.		81 Name		
2314 BELLSOUTH TOWER 301 W. BAY ST.		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ile)
JACKSONVILLE FL 32202		83		·
		84 City		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 Signature typed or printed name of registered agent	and blind environble INCI	t. Registered Agent signature require	od when reinstating	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	DELETE	1.1 TITLE		Change Addition
NAME OBERDECK, JOAN		1,2 NAME	1:4	
STREET ADDRESS 0047-PLYMOUTH ST		1.3 STREET ADDRESS 4	410 Perates Com	M
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	ac, 31. 32.	2/0
TITLE SD	☐ DELETE	21 TITLE		Change Addition
NAME OBERDECK, MARTIN		2.2 NAME	11 - 1 - 1	. Ad
STREET ADDRESS 3047 PLYMOUTH ST		2.3 STREET ADDRESS	410 Purales con	e in
CITY-ST-ZIP JACKSONVILLE FL	T or exc	2.4 CITY-ST-ZIP	410 Pirates love 32. 32. 410 Pirates love 31. 322	18
TITLE	L) DELETE	-		- Change 🖸 Addition
NAME STREET ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	logad or a control	4. 2 NAME		ment First constitution
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-\$1-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	T becess	5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME CONCER ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. I hereby certify that the information supplied wit	h this filing does not qualify fo	6.4 City-St-ZiP or the exemption stated in S	Section 119.07(3)(i). Florida Statutes 1:	further certify that the information

14. Thereby 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.

SIGNATURE: O Sagar Olive Seal

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