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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10116 (4)
 1. Corporation Name
RIGHT DIVISION, INC.

Principal Place of Business % ROBERT C. BROCK. 6260 - 12TH ST., SOUTH ST. PETERSBURG FL 33705	Mailing Address % ROBERT C. BROCK. 6260 - 12TH ST., SOUTH ST. PETERSBURG FL 33705
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3. Date Incorporated or Qualified 07/09/1985	4. FEI Number 59-2558688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent BROCK, ROBERT C. 6260 - 12TH STREET, SOUTH ST. PETERSBURG FL 33705
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	BROCK, ROBERT C.
STREET ADDRESS	6260 12TH ST. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	NAME
D	BROCK, E. DOLORES
STREET ADDRESS	6260 12TH ST. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	NAME
D	SMITH, ORVILLE V.
STREET ADDRESS	2000 EAST BAY DR, LOT 3, PLANTATION DR
CITY-ST-ZIP	LARGO FL
TITLE	NAME
D	YNTEMA, SUSAN D.
STREET ADDRESS	6875 W 24 CT, BLDG 5, APT 12
CITY-ST-ZIP	HALEAH FL
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Brock ROBERT C. BROCK 3-10-98 (813) 867-7893

CFR2037 (10/97)