## 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 # P93000064427 (6)

LAW OFFICES OF MONTGOMERY BLAIR SIBLEY, CHARTERE D. ATTORNEY & COUNSELOR AT LAW

Principal Place of Business Mailing Address 1234 S.DIXIE HWY 1234 S. DIXIE HWY DO NOT WRITE IN THIS SPACE MIAMI FL 33146 MIAMI FL 33146 HS HS 3. Date Incorporated or Qualified 09/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3311616 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired # 340 # 340 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SIBLEY, MONTGOMERY S 1234 S. DIXIE HWY, SUITE 345 346 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33146** 83 84 Zip Code City 85 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 this 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 paylaccept the obligations of, Section 607.0505, Florida Statutes. MiBkir SIGNATURE it signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE SIBLEY, M. B NAME 1.2 NAME 1234 S.DIXIE HWY, STE 346 3 40 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an arial month of the corporation of the corporation of the receiver of the corporation of 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 arial month of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the receiver of the receiver of the receiver of th

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6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4/16/48 305 952-0070

Change

Change

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Addition

Addition