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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26 1998 8:00am Secretary of State

DOCUMENT # P 930000 68309	
TX2//NC.	
Principal Place of Business Address Address Address Address ADDREY FENTALL SVITE F	
JULIE!	DO NOT WRITE IN THIS SPACE
JUPITER PL. 93450 JUPITER, PL. 33450	3. Date Incorporated or Qualified 43/53
2. Principal Place of Business 2a. Mailing Address 15074 (T.N. 26 1445 15074 (T.N. 26)	4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State City & State City & State FC	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
219 33478 25 PLM 1CH 29 33478 30 /AM BCH	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

84 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. Thereby accept the appointment as registered agent I am facilitativith, and accept the obligations of, Section 607.0505, Florida Statutes.

82 83

SIGNATURE	\mathcal{U}		2//4/18
OIONATORE .		Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	JEFFREY MITCHELL 300 TONEY PENNADR. #5 JUNITIEL, FL. 734 BP	1.2 NAME	4-1
STREET ADDRESS	300 TONEY PENNA-OL. # 5	1.3 STREET ADDRESS	12445 ITO TH CT. NO. TVIITER, FL. 3347B
CITY - ST - ZIP	JUPITEL, FC. 73450	1.4 CITY-ST-ZIP	JUNITER, FL. 3347P
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addilion
NAME .	Į.	2.2 NAME	
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STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
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CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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CITY - ST - 7IP		5 4 CH1Y - ST - ZIP	. 2⁄2
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	69805890001
STREET ADDRESS		63 STREET ADDRESS	G98058900001 -02/27/9801005008
CITY-ST-ZIP		6.4 CI1Y - ST - ZIP	***150 00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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 complation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in