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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000076384 (5)

## FILED Jan 20 1998 8:00am Secretary of State

P. TODD KENNEDY, P.A. Principal Place of Business Mailing Address 727 N.W. 4TH STREET 727 N.W. 4TH STREET **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 .65-0443978 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KENNEDY, P. TODD 727 N.W. 4TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486 B3** 84 City 7(p) 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 chango 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 607.0506, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST DELETE Change Addition TITLE 1.1 TOLE KENNEDY, P. TODD NAME 1.2 NAME 727 N.W. 4TH STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 HITEE KENNEDY, LISA M 2.2 NAME 727 NW 4TH ST STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIE 2.4 City - \$1 - 78 DELETE 3.1 THUE Change Addition TITLE NAME 3.2 NAMÉ STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. C(1Y - S1 - Z(P DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-7IP Change DELFTE \_\_\_ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP DELETE Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 logal 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.

P TOAN KOULL COULT VILOR (50) 683-2484