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 # P93000082728 (5)

GEORGE A. FIZELL, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

14099 MICOSUKEE TRAIL PALM BEACH GARDENS FL 33418 14099 MICOSUKEE TRAIL PALM BEACH GARDENS FL 33418

FILED Feb 11 1998 8:00am Secretary of State



Trust Fund Contribution Added to Fees

Country Zip Country 8, This corporation owes or has paid the current year Intangible
25 29 30 Personal Property Tax due June 30. Yes No

9, Name and Address of Current Registered Agent

10, Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

10. Name and Address of New Registered Agent			
1	Name		
2	Street Address (P.O. Box Number is Not Acceptable)		
3			
4	City	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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE D DELETE 1.1 TITLE Addition NAME FIZELL, GEORGE A 1.2 NAME 14099 MICOSUKEE TRAIL STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change TITLE DELETE 31 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE **4.1 TITLE** NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-7iP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 attachment with an address.

6.4 CiTY-ST-ZIP

OLONIATURE.

CITY-ST-ZIP

SP A Fr

Gradel C

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