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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087970 (8)

J.J. FLANAGAN ASSOCIATES INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a imprimer ifa inigh ifail abile galti aft	il mbiði læfir jæðið læfir læðib mæfi fæði
1100 SE 10TH DEERFIELD BI US	I ST. EACH FL 33441	1100 S.E. 10TH STRE DEERFIELD BEACH FI	O S.E. 10TH STREET RFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address			12/27/1993 4. FEI Number	Applied For
<u> </u>		26			65-0254112	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$0.75 Additional
2		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to Fees	
Žip	<u> </u>		untry	8. This corporation owes or has pa		
4	25	29	30	T	Personal Property Tax due June	
	g, Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent
FLANAGAN, JAMES				TValle		
1100 S.E. 10TH STREET				82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
Ute	ERFIELD BEACH FL 33441			83		
				84 City		FL 85 Zip Code
office or re	egistered agent, or both, in the State	e of Florida. Such change wa	as authorize	d by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered
agent. I ar	n familiar with, and accept the oblig	gations of Section 607.0505,	Florida Sta	tutes.		
SIGNATURE .	Signature, typed or printed name of registered ag	August and title if anyther the	MOTE Registar	d Agent signature rea	guired when reinstating)	DATE
12.		ND DIRECTORS	13.	a Agent a grindre re-	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 T	TLE		Change Addition
NAME .	FLANAGAN, JAMES J		1.2 N	AME]		l l
STREET ADDRESS	1100 S.E. 10TH STREET		1.3 S	TREET ADDRESS		i
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 C	ITY-ST-ZIP		
TITLE		DELETE	2.1 J	TLE		Change Addition
NAME ,			2.2 N	AME [
STREET ADDRESS			2.3 \$	TREET ADDRESS		
CITY-ST-ZIP		DELETE		CITY-ST-24P		
TITLE		☐ DELETE	3.1 To	· · ·		☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS			1	TREET ADDRESS		ł
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C	TLE		Change Addition
NAME	•		4.2 N	- 1		
STREET ADDRESS			1	TREET ADDRESS		ľ
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	5.1 7			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP			54 C	ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 1	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		Ì
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY_61_710			640	ITV e1.70		l I

14. Thereby 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 trusted 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 attainment with an address.