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 # P94000049831 (8)

FILED Jan 28 1998 8:00am Secretary of State

| LATITUDE ADJUSTMENT INCORPORATED | | | | | |
|---|--|--|------------------------------------|---|---------------------------------------|
| | | | | 1 100(100) III (A)(1 B)(1 B)(1 B)(1 B) | NAMA KANDI KANDA KNIBI MIDI KIDI KIDI |
| | | | | | |
| Principal Plac | e of Business | Mailing Address | | | 11818 18181 18188 11181 (181 1881 |
| 4169 SW 85 AVE DAVIE FL 33328 US | | 4169 SW 85 AVE DAVIE FL 33328 US | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified 07/05/1994 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | N 87th Ave #50\$ | | 14Ave | 65-0560050 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | θ _ | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 DAV | e FL | 28 Dayle FO | <u> </u> | Trust Fund Contribution | Added to Fees |
| - Z222 | Country Country | Zip 29 3332-6 | Country | 8. This corporation owes or has paid the | |
| 24 3332 | O 25 MDP | | 10 USA | Personal Property Tax due June 30. 10. Name and Address of New Registers | Yes W No |
| Name and Address of Current Registered Agent SCHNEIDER, PAM Name Name Nam | | | | | |
| | O SW ASTELAND | | | (DO D. N. (N. (| |
| | VIE FL 33328 | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| (1 ju | | | 83 | | |
| 45.05 | | | 84 City | • | RE Zin Codo |
| | • | • | Dan | | L 18 3332 A |
| 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 | | | | | |
| | Signature, typical or pointed name of registered agent | | Registered Agent signature require | | i |
| 12. TITLE | OFFICERS AND | DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| NAME | DAVIS, CARL D | | 12 NAME | | Li change Li Audition |
| STREET ADDRESS | 4169 SW 85TH SAV | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 1.4 CiTY-ST-ZIP | | |
| TITLE | SVP | DELETE | 2.1 TITLE | | Change Addition |
| NAME | SCHNEIDER, PAM | | 2 2 NAME | | |
| STREET ADDRESS | 4169 SW 85TH AVE | | 2.3 STREET ADDRESS | | [|
| CITY-ST-ZIP | DAVIE FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | İ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | Drutte | 3.4. CITY - S1 - ZIP | | Change T 4 Jaw |
| TITLE | | ☐ DELETÉ | 4.1 TILLE | | Change Addition |
| NAME OTDECY ADDRESS | | | 4. 2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME . | | | 5.2 NAME | | and arrange and recorded |
| STREET ADORESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | • |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | |
| CITY-ST-ZIP | - | | 6.4 CITY-ST-ZIP | | , |
| | ertify that the information supplied with | this filing does not qualify for | | Section 119.07(3)(i), Florida Statutes. I further | certify that the information |

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.

CIONATURE.

Privile Solvei de 14:00 Pamela Schneider VISIAR (aculto3-346)

;R2E034 (10/97)