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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

]	1998 Secretary of State  Secretary of State  DIVISION OF CORPO			IONS	Secretary of State
1. Corporation	MENT # P9400( ICK'S & COMPANY, INC.	0063259 (3)			
Principal Place	e of Business	Mailing Address			
2855 KIRBY AVE., NE 1081 PIEDMONT AVENUE N.E.					
SUITE #4 PALM BAY FL 32907 PALM BAY FL 32905					DO NOT WRITE IN THIS SPACE
US	L 328,0				3. Date Incorporated or Qualified
					08/29/1994
	ace of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			59-3263933   Not Applicable   \$8.75 Additional
22	π, etc.	27			5. Certificate of Status Desired Fee Regulred
City & State	3	City & State			6. Election Campaign Financing \$5.00 May Be
23		28		·	Trust Fund Contribution
Zıp	Country Zip Countr 25 29 30			У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
24	9. Name and Address of Current		<u> </u>		Personal Property Tax due June 30. XX Yes I No 10. Name and Address of New Registered Agent
FR	EDRICKS, LOIS A		B1	Name	
	61 PIEDMONT AVENUE N.E.		82	Street	Address (P.O. Box Number is Not Acceptable)
PALM BAY FL 32907					
			83	3	
			84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above				/e-named	
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was aut	horized b	y the core	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
1	STEVEN D. FREDA	• • • • • • • • • • • • • • • • • • • •	Statute	/	Sucha 2/2/88
SIGNATURE	Signature, typed or printed name of tegest and again	Land little if applicable (NOTE: F	legistered A	it signature	required when reinstating) DATE
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	d Fredricks, steven d	☐ DELETE	1.1 TIBLE		Change Addition
NAME STREET ADDRESS	4004 DIEDATORE AVENUE ALE		1.2 NAME	T ADDRESS	
CITY-ST-ZIP	DALLA DAVICE DOCCA		1.4 CITY		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	FREDRICKS, LOIS A	_	2.2 NAME		
STREET ADDRESS	1081 PIEDMONT AVENUE N.E	<b>.</b>	2.3 STREE	T ADDRESS	.e"
CITY-ST-ZIP	PALM BAY FL 32907	Porter	2 4 City		, Change Tables
TITLE NAME	SEEFELT, MICHAEL R.	DELETE	3.1 TITLE 3.2 NAME		L_ Change L_ Addition
STREET ADDRESS	3960 LAKEMONT			T ADORESS	
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	CHAMBERS, SARAH	_	4. 2 NAM	E	
STREET ADDRESS	642 SHERATONWOODS DRIV	Έ	, 4.3 STREE	T ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL	DELETE	4.4 CITY-		Change Addition
TITLE NAME		□ Ditte	5.1 TITLE 5.2 NAME		Li Crange Li Addition
STREET ADDRESS			•	et address	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
I ame as as			<b>=</b>		

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with a address.

**SIGNATURE:** 

**FILED** 

Apr 29 1998 8:00am