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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000073972 (9)

THE 523 CORPORATION

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changes

Principal Place of Business Mailing Address 111 2 ND AVE N.E. 111 2 ND AVE N.E. DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 10/07/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-3271424 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible AT No Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EARL & EARL ATT: ANDREW MEYER Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVE N.E., SUITE 1404 83 ST. PETERSBURG FL 33701 City 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 Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1171KF Change Addition TITLE NAME OLSTER, MADELEINE B 1.2 NAME 111 2 ND AVE N.E. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE Change CEOS OLSTER, BRUCE NAME 2.2 NAME STREET ADDRESS 111 2 ND AVE N.E. 2.3 STREET ADDRESS ST. PETERSBURG FL 33701 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition T(7) F 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in