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 # 1, Corporation Name P94000074820 (9)

WE'RE TOGETHER, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Placi	e of Business	Mailing Add	Mailing Address						***********		
15 BEECHWO PALM COAST			15 BEECHWOOD LANE PALM COAST FL 32137								
FREW VOAGI	TL 32137	PALM COA	ST FL 32137					DO NOT WRI	TE IN THIS	SPACE	
							3 Date Incorp	orated or Qualifie			
							10/10/19		_		
2. Principal P	lace of Business	2a. Mailing	Address				4. FÉI Number				pplied For
21		26	-				NOT A	PPLICABLE			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								Additional
22		27	27				5. Certificate o	f Status Desired			lequired
City & State	9		City & State				8 Flection Car	npaign Financing			May Be
23		28	28				Trust Fund (to Fees
Zip	Country	Zip		Count	ry		8. This corpora	tion owes or has	pald the cu		
24	25	29	[:	30				perty Tax due Ju			□No
	g. Name and Address of Curr	ent Registered Ag	ent				10. Name and	Address of New I	Registered	Agent	
NEI	L SON , KENNETH T			8	1 Na	ame					
15 BEECHWOOD LANE				8	82 Street Address (P.O. Box Number is Not Acceptable)						
PAL	M COAST FL 32137					Street Address (F.O. Box Number is Not Acceptable)					
				8	3						
				-	4 0					1 - 1 -	
				6	4 Cit	.y			FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, I	Florida Statutes	s, the abo	ve-nar	ned corpo	ration submits this	statement for the		f changing	its registered
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the Sta m famil iar with, and accept the obl	ile of Florida. Such d ligations of Section	change was au 607.0505. Elor	ithorized t ida Statuti	oy the	corporatio	n's board of direc	tors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE			05710000,7101	ida Otalon							
	Signature typed or printed name of registered		(NOTE:		gent sign	nature required	when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	T of the	13.			ADDITIONS/C	HANGES TO OFF	ICERS AN		
TITLE	NELSON, KENNETH T	L	_] DELETE	1.1 TITLE						∐ Change	☐ Addition
NAME	•			1.2 NAME		İ					
STREET ADDRESS	15 BEECHWOOD LANE			1.3 STREE	ET ADDA1	ESS					
CITY-ST-ZIP	PALM COAST FL 32137		T not see	1.4 CITY-							
TITLE	VSTD	L	_ DELETE	2.1 TITLE						Change	☐ Addition
NAME	NELSON, J L			2.2 NAME							
STREET ADDRESS	15 BEECHWOOD LANE			2.3 STREE	T ADDRE	ESS					
CITY-ST-ZIP	PALM COAST FL 32137			2. 4 CITY-	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE		L] DELETE	3.1 TITLE				9.,	*# .*	☐ Change	Addition
NAME				3.2 NAME		1					
STREET ADDRESS				3.3 STREE	T ADDAE	ESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE		L.	_ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME				4. 2 NAM	Ē						
STREET ADDRESS				4.3 STREE	T ADDRE	:ss					1
CITY-ST-ZIP				4.4 CITY -	ST-ZIP						
TITLE			DELETE	5.1 TITLE	-					☐ Change	☐ Addition
NAME				5.2 NAME							ŀ
STREET ADDRESS				5.3 STREE	T ADDRE	ss					
CITY-ST-ZIP				5.4 CITY-	ST - ZIP						
TITLE			DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME						-	
STREET ADDRESS				6.3 STREE		ss					!
CITY-ST-ZIP				6.4 CITY-							•

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.

3/11/00