

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **P95000041213 (6)**

1. Corporation Name
EXTRA EXTRA, INC.

Principal Place of Business

**73 FERNE LANE
LAKE WORTH FL 33467
US**

Mailing Address

**73 FERNE LANE
LAKEWORTH FL 33467
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0583476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 6877 15th CT. S

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach FL

Zip

24 33415

Country

25 USA

2a. Mailing Address

26 6277 15th CT S

Suite, Apt. #, etc.

27

City & State

28 West Palm Bch FL

Zip

29 33415

Country

30 USA

9. Name and Address of Current Registered Agent

**TAYLOR, PATRICIA L
73 SW FLAGLER AVE
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MALONEY, LYND A.**
STREET ADDRESS **73 SW FLAGLER AVE**
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE

NAME **KUNCL, THOMAS W**
STREET ADDRESS **73 FERNE LANE**
CITY-ST-ZIP **LAKE WORTH LF**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **LYND A. KUNCL**
1.3 STREET ADDRESS **6877 15th CT. S.**
1.4 CITY-ST-ZIP **West Palm Beach FL**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **THOMAS W. KUNCL**
2.3 STREET ADDRESS **6877 15th CT. S.**
2.4 CITY-ST-ZIP **West Palm Beach FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

THOMAS W. KUNCL

8-31-98 84310-0776

CR2E034 (5/98)