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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000053063 (0)

R. EMMETT MCTIGUE, INC.

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			I INDICATE IIO I BIOL OUGH ON SHE ON SHE	9181 81186 11111 88518 851	IOB (311 10 <b>5</b> )
1001 EAST LAS OLAS BLVD. P.O. BOX 030248 SUITE 200 FT. LAUDERDALE FL 33303 FT. LAUDERDALE FL 33301			3303		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/10/1995		
2. Principal Pla	ac <b>e of</b> Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26		***	59-3336394		ot Applicable
Suite, Apt. 6	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 30		_] No
	9. Name and Address of Curren	t Registered Agent	81	Alamen	10. Name and Address of New Regis	itered Agent	
100 SUF	Tigue, R e 1 East Las Olas Blvd. Te 200 Lauderdale Fl 33301		82 83	Sar	rah M Tique Tuthi I Iress (P.O. Box Number is Not Acceptable) I E. Las olas Bo	1	+ 200
44 Buggiont t	a the provisions of Scotons 607 010	2 and CD7 1509   Lorida Stat	utoe the about	C Damed Sou	poration submits this statement for the pur	FL DE	le registered
office or re	egistered agent, or both, in the State	of Horida. Such change wa	s authorized by	vithe corpora	tion's board of directors. I hereby accept t	he appointment as	registered
<del>-</del>	n familiar with, and accept the obliga	ations of Section 607.0505,	Horida Statute	ŝ.	21	- 40	
SIGNATURE	Slammer type that protect reading already state	ncasel bendapplicale (N	OII Registered Age	ent's gnature req	rred when roinstating)	LIAIL	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PDC	DELFTE	1.1 TITLE	C	o/c	<b>C</b> hange	Addition 3
NAME	MCTIGUE, R. E	1.2 NA		P	.Emmett Notique	and #200	, la
STREET ADDRESS	1001 E LAS OLAS BLVD	1.3 \$1			of E. Las olas Bouleve	41 4	·   [
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NAME			2 2 NAME	5	arah mcTlgue Tuthill	m #206	
STREET ADDRESS			2.3 STREET	ADDRESS	ool E. Las class Bouleva	M -20	
CITY-ST-ZIP			2 4 CH1Y-	ST · ZIP	ort Laudendale, PL32		Addition
TIFLE		C OLLETE	3 1 11H.E			Change	Addition
NAME			3.2 NAME				
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NAME			4. 2 NAME	ADDRESS			
STREET ADDRESS							
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		L_I MULL	52 NAME			- Ontorigo	
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STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	54 CHY+5	71 · ZIP		Change	Addition
		L. Otter	6.2 NAME				
NAME OTREET ADDRESS				I ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	orth, that the information countries w	ith this films stops not supply	64 City-8		Section 119 07(3)(i) Florida Statutes I fur	ther certify that the	e information

Interest certify that the information supplied with this fitting coes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is price 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 this corporation or the receiver or trustice 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.