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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500054944 (0)

TALBOTT & COMPANY, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



-2255-GLADES RD -SUITE-STIE					3. Date Incorporated or Qualified	3a. Date of La	•
				1	07/14/1995	07/03/199	96
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 t	BOCA ROTON RCI		BATON I	⊰ત⊥	65-0598360		Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27				.	5. Certificate of Status Desired	1 1 7	75 Additional e Required
City & Stat	ite 🔷	City & State			6. Election Campaign Financing	\$5	00 May Be
23 K() (-	3 ROTON FL	28 BOLA Port	N FL		Trust Fund Contribution		ded to Fees
Z P	Country	Zip	Country		8. This corporation has liability for i	nlangible tax und	er s. 199.032.
24 55	15L 25 USA	29 33437-	30 UJA			Yes No	·
	g, Name and Address of Curren	Registered Agent			Name and Address of New Re	gistered Agent	
	LBOTT, GREGORY K		81 Name				
225	55-GLADES_RD		82 Street	Address	(P.O. Box Number is Not Acceptab	la) .	
SUI	TE 311E			ET	XXA RUTON RC		
, B O (CA-RATON FL 33431		83				
ı			84 City.				
				A)0.	PoteN	FL 85	۲۱۵. Code ۲۶. ۲۰۱۹ کری
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es the shove name	Corners	ition submits this statement for the p	urnoco of obonoi	na its realstered
Office of t	registered agent, or both, in the State am familiar with, and accept the obliga	ot Fiorida. Such change was a	authorized by the cor	poration	s board of directors. Thereby accep	ol the appointmen	t as registered
-	an rannal wan, and docopy the obliga	(ichia di, decilori do).0003, i k	onda otaloles.				
SIGNATURE	Signature, typed or printed name of registered ager	Land little it applicable (NOT	F Registered Agent signature	e required w	fien reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☑ Char	
NAME	TALBOTT, GREGROY K		1.2 NAME			J.	
STREET ADDRESS	-2255 GLADES-RD		13 STREET ADDRESS	1111	ROYD ROTTON) BO	ĺ	
CITY-ST-ZIP	BOCA RATON FL 33431		1.6 C/TV - \$1. 7/P	RA	BOCA ROTON RO A Raton Fl	なないスク	
TITLE		DELETE	2.1 TillE		13 DATOR 1 C	Char	ge Addition
NAME			2.2 NAME				go Cal radillori
STREET ADDRESS			2.3 STREET ADDRESS	ļ	•	•	
CITY-ST-ZIP	1						
TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Chan	ge Addition
NAME			3.2 NAME				Re The Manager
STREET ADDRESS	İ						
			3 3 STREET ADDRESS		•		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S1-7IP				
			4.1 TITLE			L. Chan	ge L Addition
NAME OTDEET ADDRESS			4. 2 NAME				
STREET ADDRESS	<u> </u>		4.3 STREET ADDRESS				
CITY-ST-ZIP		T britze	4.4 CHY-S1-ZIF	 			
TITLE		DELETE	5.1 THLE			Chan	ge L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP	ļ			
TITLE		☐ DEFETE	6.1 TITLE			☐ Chan	ge 🗌 Addition
NAME			6.2 NAME	1	-		
STREET ADDRESS		/ /	6.3 STREET ADDRESS				
CITY-ST-ZIP			8.4 CHY- ST-7IP				
14. I do heret	by certify that the information supplied on indicated on this annual report or su	with this filing does not qualif	y for the exemption s	tated in	Section 119.07(3)(i), Florida Statutes	. I further certify t	hat the

eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name