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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 13 1998 8:00am Secretary of State

DOCUMENT # P95000056001 DAVID J. AUDLIN, JR., ATTORNEY AT LAW, P.A. Principal Place of Business Mailing Address 524 EATON STREET. SUITE 110. #113-114 524 EATON STREET, SUITE 110. #113-114 KEY WEST FL KEY WEST FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3373995 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AUDLIN, DAVID JR. 524 EATON STREET, SUITE 110,#113-114 R2 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 R3 84 City Zip Code les, the above-named corporation submits this statement for the purpose of changing its registered sauthorized by the corporation's board of directors. I hereby accept the appointment as registered Florida Statutes. 11. Pursuant to the provision office or registered age SIGNATURE diname of registered agent, (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11111 Change DAVID J. AUDLIN, JR. NAME 1.2 NAME 906 17th STI KEY WEST, 3374 RUSTLEWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 33040 CITY-ST-ZIP 1.4 CiTY - ST - ZIP Change DELETE ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 62 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 state of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier ental annual reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation offlur receiver or trustee employed to becaute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapged, or or an article employed in the employed of the

SIGNATURE:

0144475