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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059049 (3)

T E C OF THE TREASURE COAST, INC.

FILED May 15 1998 8:00am Secretary of State

Principal Place 1020 SW 315 PALM CITY I		Mailing Address 1020 SW 31ST STREE PALM CITY FL 34990	1020 SW 31ST STREET		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 08/01/1995	-	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0610624		Not Applicable
Suite, Apt 22	#, etc	Suite, Apt #, etc.			5. Certificate of Status Dosired	1 1 7 -	.75 Additional See Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	7 ₁ p	Countr	y	This corporation owes or has p		
24	4 25	29	30		Personal Property Tax due Jun		_ ~
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	agistered Agent	
10 P#	JSH, JENNIFER LO SW 31ST STREET NLM CITY FL 34990		81	Street Address PALM City		FL 85	34990 Zip Code
office or agent 1 a SIGNATURE	registered agent, or both, in the Sta art familiar with, and accept the obt	te of Florida Such change was removed by Section 607.0505, was at and tilly displaced to the	as authorized b Florida Statute NOTE Registered Ap	by the corporations.	oration submits this statement for the ion's board of directors. I hereby acce	ppt the appointment	25
12.	OFFICERS A	NO DIPLECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
TITLE	BUSH, JENNIFER		1.1 TITLE 1.2 NAME				ango 🗀 Addition
NAME STREET ADDRESS	4000 OW OACT CIDEET			ET ADDRESS			
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-				
TITLE	DVP	DELETE	2.1 TITLE			☐ Ch	hange Addition
NAME	TAYLOR, JOHN L		2.2 NAME				
STREET ADDRESS	4000 OH 04 OT		2.3 STREE	ET ADDRESS			
CITY - ST - ZIP	PALM CITY FL		2.4 QITY	- ST - ZIP			
TITLE	DST	DELETE	3 1 TI LE			☐ CF	hange 🔲 Addition
NAME	TAYLOR, MELINDA S		3.2 N ME	:			
STREET ADDRESS			3 3 S KF (ET ADDRESS			
CITY - ST - ZIP	PALM CITY F;	<u></u>		- \$T - ZIP			
TOTLE		☐ DELETE	4.1 T.E			☐ Cr	hange L. Addition
NAME			4 2 M				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		Dring		ST-ZIP		Пс	hange
TITLE		L] DELETE	511			LJ CI	sange LI Addition
NAME			5 2 N				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP	<u> </u>	☐ DELETE		S1 - ZIP			hange Addition
TITLE		ב טנונונ	6.1 T			LJ U	nongo 🔲 Munitun
NAME			6.2 N	F ADDITION			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	certify that the information supplied	with this filmer done not evertil		ST-ZIP	Section 119.07(3)(i), Florida Statutes.	I further certify th	nat the information
indicated officer o	d on this annual report or suppliered on the annual report or suppliered or director of the corporation or the re	ecower or trustee empowered	accurate and	at my signatu report as requ	ire shall have the same legal effect as uired by Chapter 607, Florida Statutes	if made under oa ; and that my nar	ath; that I am an me appears in