## 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 # P95000071030 (7)

## **FILED** May 15 1998 8:00am Secretary of State

	L AGENCIES, INC.	Mailing Address P. O. BOX 13004			
PORT EVERGLADES FL 33316 PORT EVERGLADES FL 333			33316	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IN THIS SPACE
				09/14/1995	
2. Principal Pl	ace of Businoss	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0618404	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.		·····		\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3   28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pai	- · - ·
24	25 9. Name and Address of Curr	29] ent Registered Agent	30	Personal Property Tax due June  10. Name and Address of New Reg	
RD	USTON, BRETT		81 Name		, and a second
1100 N.E. TH AVENUE			00 0	OACK R. LOVINA	
SUITE A			82 Street Address (P.O. Box Number is Not Acceptable)  1323 SOUTH EAST THICK AVENUE.		
	NIA-FL 88004-		83	TO THE THIRD THE	
			84 City		les la Codo
			177	FORT KAUDERDALE	FL 85 Zip Code 333/6
11. Pursuant t	to he provisions of Sections 607.0	102 and 607.1508, Florida Statut	es, the above-named c	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered
agent. Lai	n familiar with, and accept the obt	gations of, Section 607,0505, Fk	orida Statutes.	ration's board or directors. Thereby accep	t the appointment as registered
SIGNATURE.	WOMLLO	XMC 3	TACK R. KOOT	na 4.	27.58
<del></del>	o'ghaline, typed or protect name of registered a	gent anklitik if appyzable (NOT ND DIRESTORS	L. Bügistered Agent signature re	quilled when reinstating)	DATE FOR AND BUDGOTODO IN 40
TITLE	PD	MI DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ROUSIGN BEETING			PATRICIA BURDING PHIAMS	Z smarge D market
STREET ADDRESS	1100 N.E. 7TH AVENUE		1.3 STREET ADDRESS		18
CITY-\$T-ZIP	DANIA FL 33004		1.4 CiTY - ST - ZIP		
TITLE	18	DELETE	2.1 TITLE		Change Addition
NAME	DEVINE, JOSEPH A JH		22 NAME		1
STREET ADDRESS	950 ELLER DRIVE		23 STHEET ADDRESS		
CITY-ST-ZIP	PORT EVERGLADES FL 939		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	_	Change 🔀 Addition
NAME				BRETY'E B. BATES	
STREET ADDRESS			3.3 STREET ADDRESS	100 NB 7H AVENUE, SUIE A	i
CITY-ST-ZIP		DELETE		ANIA FLORIDA 38004	
TITLE		☐ DELÉTE	4.1 TITLE 7	no material and the second	Change Addition
NAME			4.2 NAME	ADA BUTTON HOOTON	İ
STREET ADDRESS			4.3 STREET ADDRESS	OO NE PH AVENUE, SUITE A	
CITY-\$1-ZIP		DELETE	4.4 CITY-ST-ZIP 51 TITLE	ANIA FLORIDA 33004	Change Addition
NAME			52 NAME		E straige E resition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		ł
	ertify that the information supplied	with this filing does not qualify for		in Section 119.07(3)(i), Florida Statutes, 1 f	urther 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 logal effect as if made under oath; that 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 applicable 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: