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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DOCUMENT # P95000074693 (9)

PAUL	R. YOUNG, C.P.A., P.A.	(4)				
Principal Place of Business Mailing Address						
528 SOUTH FORT PIERC	U.S. 1 DE FL 34950	528 SOUTH U.S. 1 FORT PIERCE FL 34950			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					09/27/1995	
<u> </u>	Place of Business	2a. Mailing Address	├ ─ ┐ ॅ		4. FEI Number Applied For	
21			26		65-0609908 Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	27		5. Certificate of Status Desired Section Secti	
City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25		Country 30		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New Registered Agent	
528 SOUTH U.S. 1 FORT PIERCE FL 34950			8	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — 85 Zip Code		
11. Pursuant office or agent 1	t to the provisions of Sections 607.6 registered agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Florida Sta tute tate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the about	ove-name	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	1 angul and little if applicable (MOTE	Pagistarad i	Anni manai	sture required when reinstating) DATE	
			13.	-gent agnat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELE TE	1.1 TITU	E	☐ Change ☐ Addition	
NAME	YOUNG, PAUL R		1.2 NAW	ΙE		
STREET ADDRESS	528 SOUTH U.S. 1		1.3 STRE	ET ADDRES	ss	
CITY-ST-ZIP	FORT PIERCE FL 34950		- 1	-ST-ZIP		
TITLE			2.1 TITU		☐ Change ☐ Addition	
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRES	ss	
CITY-ST-ZIP	1		2. 4 CiTY	-ST-ZIP		
TITLE	-	☐ D€LET E	3.1 TITLE		Change Addition	
NAME	1		3.2 NAM	E		
CTREET ADDRESS			2 2 5 7 0 7	ET ADDDCC	cc	

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further 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 legal effect as if made under oath; that I am an 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

0 ...

1 - 10 - - ...

Change

Change

☐ Change

Addition

☐ Addition

Addition

FILED

Mar 20 1998 8:00am

Secretary of State