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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 03 1998 8:00am

Secretary of State

DOCUMENT #

1. Corporatio	OS & FAMILY, INC		J82942 (U)						
Principal Plac	e of Business		Mailing Address			·	-		HOTO HET LOOT
802 N.W. FIRST ST. 802 N.			802 N.W. FIRST ST. SOUTH BAY FL 33493				DO NOT WORK IN THE	00405	
			US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
							10/26/1995		
2. Principal P	lace of Business	T	2a, Mailing Address				4. FEI Number		Applied For
21			26				65-0617090	-	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27				5. Certificate di Status Desired	Fee	Required
City & State	9		City & State				Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24	Count	· -	Zip 29	Count	ry		This corporation owes or has paid the corporate Property Tax due June 30.	_ ′	ntangible No
	9. Name and Addr	ess of Current Re	egistered Agent				10. Name and Address of New Registered	Agent	
RO'	YAL, STEVEN B			8	1	Name			
802 N.W. FIRST ST.				82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)	-	·
SO	UTH BAY FL 33493			-	_				
				8	3				
				8	84 City		FI	85 Zip	Code
11. Pursuant l office or re agent. I a	to the provisions of Sec egistered agent, or bot m familiar with, and acc	ctions 607.0502 ar h, in the State of F cept the obligation	id 607.1508, Florida Sta tu Torida. Such change was is of, Section 607.05 05 , F	ites, the abo authorized l lorida Statut	ve- by t	named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment a	its registered is registered
SIGNATURE	Signature, typed or printed num	ne of registered agent and	d title if applicable (NO	TE: Registered A	gent	t signature require	od when reinstating) DATE		
12.		DEFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 TITLE				L Change	Addition
NAME	PHILLIPS, GARY I			1.2 NAM		İ			
STREET ADDRESS	802 NW FIRST ST	ĺ		1.3 STRE					
CITY-ST-ZIP	SOUTH BAY FL		☐ DELETE	1.4 CITY		- ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	DOVAL DEDIK C		Deterie	2.1 TITLE 2.2 NAMI				CT Chande	
NAME STREET ADDRESS	ROYAL, DERIK C 802 NW FIRST ST	r		2.3 STRE		DDDECC			
CITY-ST-ZIP	SOUTH BAY FL	l		2.4 CITY					
TITLE	D		DELETE	3.1 TITLE	*****	-211		Change	Addition
NAME	ROYAL, STEVEN	B		3.2 NAMI				_ •	
STREET ADDRESS	802 NW FIRST ST			3.3 STRE	ET AI	.DDRESS			
CITY-ST-ZIP	SOUTH BAY FL	•		3.4. CITY		1			
TITLE			DELETE	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAM	Ε				
STREET ADDRESS				4.3 STRE	ET A	DORESS			
CITY-ST-ZIP				4.4 CITY	ST-	ZIP		<u>-</u>	
TITLE			☐ DELETÉ	5.1 TITLE		1		Change	Addition
NAME				5.2 NAMI	-	1			
STREET ADDRESS				5.3 STRE					
CITY-ST-ZIP	_ <u></u>		Driete	5.4 CITY-		ZIP		Ch	j zani
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME CYPECY APPROVED				6.2 NAME		DDOLEG DDOLEG			

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 chapted, or on an accument with an address.