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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

DOCUMENT # P95000088353 (4)				-	
PERMITS, ETC. NO. 2, INC.					
Principal Place of Business Mailing Address				1881	101   U100 EU 2210   U100 U 1311 340 E
639 EAST O	CEAN AVENUE	639 EAST OCEAN AVENU	ΙE		
SUITE 408 SUITE 408  BOYNTON BEACH FL 33435 BOYNTON BEACH FL 3343			ror .	DO NOT WRITE IN THIS	SPACE
BOTHTON BE	AOH FL 33435	BOYNTON BEACH FL 334	133	3. Date Incorporated or Qualified	
				11/17/1995	
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite Ant # ste		65-0648088	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes 🔲 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WOOLLEY, THOMAS J JR			· 81 Name	,	
1115 NORTH FEDERAL HIGHWAY			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33435			83		
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND 1		Registered Agent signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE	ACCITION OF TAXABLE TO OFFICE ACC	☐ Change ☐ Addition
NAME	DELUCA, MICHAEL		1.2 NAME		
STREET ADDRESS	1115 NORTH FEDERAL HIGHW	AY	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELUCA, MICHAEL		2.2 NAME		
STREET ADDRESS	1115 NORTH FEDERAL HIGHWA	ΑY	2.3 STREET ADDRESS		
CITY+ST-ZIP	BOYNTON BEACH FL 33435	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ percie	3.1 TITLE 3.2 NAME		C change C vandidin
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CMY-ST-ZIP			4.4 CITY-ST-ZIP		
TALE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		- Average Franciscon
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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4. 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.

SIGNATURE:

Millian /1/20 Pun 1-17-98 561-734-8860