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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1998	Secretary DIVISION OF CO		Secretary of State	
		0088765 (9)			
	O'NEAL & ASSOCIATES, P				
Principal Plac		Mailing Address 14501 GULF BOULEVARD			
14501 GULF ( MADEIRA BE/	ACH FL 33708	MADEIRA BEACH FL 33708		DO NOT WRITE IN THIS SPACE	
				3, Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address		11/20/1995 4, FEI Number Applied For	
21		26		<b>59-3377784</b> Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	
City & State	9	City & State	<del>,, . , </del>	Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24	Name and Address of Currer			10. Name and Address of New Registered Agent	
O'NEAL, ROCK 81 Name					
	501 GULF BOULEVARD DEIRA BEACH FL 33708		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
inc.	IDENIA DEVOLLIE 20100		83		
			84 City	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statute	s, the above-named con	poration 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	<b>P</b>	75 CO.	Registered Agent signature requi	irod when reinstating) DATE	
12,	Signature typed or printed name of ingistered agr OFT ICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0/0/5/7	DCLETE	1.1 TITLE	Change Additio	
NAME	O'NEAL, ROCK ' { 14501 GULF BOULEVARD		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MADEIRA BEACH FL 33708		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	Change Additio	
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Additio	
HAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Additio	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Additio	
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREE1 ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 CITY-ST-ZIP	Channe	
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME	Change Additio	
MANNE.			CA CTOTET ADDRESS		

14. Thereby 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 supplienental 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 eplachment with an address.

CITY-ST-ZIP

**FILED** 

May 05 1998 8:00am