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

DOCUMENT # 1. Corporation Name 00006595 (8)

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business Malling Address 7272 SE SEAGATE LN. STUART FL 34997 STUART FL 34997									DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified 01/18/1996	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For	
21				26						65-0650156 Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.						Certificate of Status Desired	
City & State				City & State				-		6. Election Campaign Financing \$5.00 May Be	
Z ip				Zip Cou			ountry			Trust Fund Contribution	
24		25		29	•	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
		and Address	of Current F	Regist	ered Agent	1=-1				10. Name and Address of New Registered Agent	
	iith, edw/						81	Name			
7272 SE SEAGATE LN.							82	Street	Address (P.O. Box Number is Not Acceptable)		
STUART FL 34997							83				
											
							84	City		FL 85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 							above	-namec	corpor	ration submits this statement for the purpose of changing its registered	
agent. I a	ım familiar w	ith, and accer	t the obligation	ons of,	Section 607.0505,	Florida S	tatutes	ino coi	poration	are social or directors. I hereby accept the appointment as registered	
SIGNATURE	Stonature brief	d or printed name of	recetered energy	net bile il	austratio /hi	OTE Basista	arnet Amo			when reinstating) DATE	
12.	o grana a, typos		ICERS AND			1:		tik signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP				☐ OELETE	1.1	TITLE	•	Τ	☐ Change ☐ Addition	
NAME		EDWARD J				1.2	NAME				
STREET ADDRESS		e seagate Fl 34997	LN.			1.3	STREET	address			
CITY-ST-ZIP TITLE	DV	FL 34897			DELETE		CITY-S	T- ZIP	-	May	
NAME		JAGQUELIN	<u>-M-</u>		☐ pereit		TITLE		0.4	Change Addition	
STREET ADDRESS		SEAGATE						ADDRESS	HP	LLAGHER-Smith, Jacqueline	
CITY-ST-ZIP	STUARI	FL 34997					CITY-S				
TIFLE					DELETE		TITLE			☐ Change ☐ Addition	
NAME						3.2	NAME				
STREET ADDRESS								address			
CITY-ST-ZIP TITLE					DELETE		CITY-S	T- ZIP	ļ		
NAME							NAME			L Change L Addition	
STREET ADORESS								ADDRESS			
CITY-S1-ZIP						•	CITY-ST				
TITLE					DELETE		TITLE	_	<u> </u>	☐ Change ☐ Addition	
NAME						5.2	NAME			İ	
STREET ADDRESS						5.3	STREET	ADDRESS	}		
CITY-ST-ZIP			***		DELETE.		CITY-SI	- ZIP	ļ		
TIFLE					DELETE		TITLE		1	☐ Change ☐ Addition	
NAME STREET ADDRESS							NAME	4000000			
STREET ADDRESS CITY-ST-ZIP								ADDRESS			
14 horoby o	ortifu that th	a information		11 11 11 11	~ /	6.4	CITY-ST	- ZIP	ــــــــــــــــــــــــــــــــــــــ		

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: