

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030364 (9)**

1. Corporation Name
MONTEGO, INC.



Principal Place of Business 1104 NO COLLIER BLVD. MARCO ISLAND FL 33937	Mailing Address 1104 NO COLLIER BLVD. MARCO ISLAND FL 33937
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 710 E. ELKCAM CR. Suite, Apt. #, etc.		2a. Mailing Address 26 710 E. ELKCAM CR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/08/1996	
22 City & State MARCO Island, FL		27 City & State MARCO Island, FL		4. FEI Number 65-0668392	
23 Zip 34145		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34145		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Zip 34145		27 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 NO COLLIER BLVD. MARCO ISLAND FL 33937		10. Name and Address of New Registered Agent 81 Name CATHERINE GORMAN 82 Street Address (P.O. Box Number is Not Acceptable) 931 Montego Ct. 83 84 City MARCO Island FL 85 Zip Code 34145	
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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 *Catherine Gorman* **CATHERINE GORMAN** **2/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GORMAN, TIMOTHY M		1.2 NAME	
STREET ADDRESS 706 E EIKCAM CR		1.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GORMAN, CATHERIN B		2.2 NAME	
STREET ADDRESS 706 E EIKCAM CR		2.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK, DAVID A		3.2 NAME	
STREET ADDRESS 706 E EIKCAM CR		3.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Catherine Gorman* **CATHERINE GORMAN** **2/10/98** **941.394.3944**

CR2E034 (10/97)