## 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

P96000030758 (2) DOCUMENT #

BETHESDA HBO, INC.

STRAWN, JOE T 54 N.E. FOURTH AVENUE

**DELRAY BEACH FL 33483** 

City & State

23

Principal Place of Business Mailing Address 54 N.E. FOURTH AVENUE 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27

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9. Name and Address of Current Registered Agent

City & State

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

04/09/1996

65-0705029

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

**FILED** 

May 12 1998 8:00am

Secretary of State

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 spent. I am familiar with any decreative of the objection 607.0505. Florida Statutes

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Country

Name

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SIGNATURE	Signature, hoped or printed name of registered agent and title if appli	ANOTE S	Section of Section of	anning to the coincide line)	DATE	
12.	OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating)  ADDITIONS/CHANGE:		ES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OF TOP TO A TO BINE OF OF	DELETE	1.1 TITLE	ADDITIONS OF ANGLE TO OF	Change	Addition
	_	_ occere			Change	
NAME	HILL, ROBERT B		1.2 NAME			
STREET ADDRESS	2815 S. SEACREST BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33430		1.4 CITY-ST-ZIP	y yyangan di ya <u>u u</u> naya <u>u</u> na di da		
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition
NAME	Taylor, Robert B		2.2 NAME			
STREET ADDRESS	2815 S. SEACREST BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33430		2 4 CITY-ST-ZIP			
TITLE	D	DELETE	31 TITLE		☐ Change	☐ Addition
NAME	KIRK, ROGER L		3.2 NAME			
STREET ADDRESS	2815 S. SEACREST BLVD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33430		3.4. CITY+ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change	☐ Addition
NAME	Peltzie, Kenneth G		4. 2 NAME			
STREET ADDRESS	2815 S. SEACREST BLVD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33430		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 THILE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-2IP		<u> </u>	
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
			■			

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 13 if changed, or in an attachment with an address.

SIGNATURE:

4/27/98

561-737-7733