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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000034548 (3)

BETH A. MORIARTY & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

1085 WEST MORSE BLVD. STE C

POST OFFICE BOX 2144

## FILED Apr 24 1998 8:00am Secretary of State



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16/11/100

WINTER PARK FL 32789 WINTER PARK FL 32790-2144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 610 Sycamore ST. Suite Ant. #. dc. ICAMORE ST. 59-3373338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible USA Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name MORIARTY, BETH A 1085 WEST MORSE BLVD. STE C 82 WINTER PARK FL 32789 83 84 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** (NOTE fingistered Agent signature required when reinstating) 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Addition TITLE 1.1 TITLE Change Moriarty, Beth A NAME 1.2 NAME GIO SYCAMORE ST, #210 CELEBRATION, FL 34747 1085 W MORSE BLVD. #C STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE 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 trusted 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 go an altact prient with an address.