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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

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NAME

STREET ADDRESS

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CITY-SI-76

CITY - \$1 - 201



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055003 (3)

PAUL J. REARDON & ASSOCIATES, INC.

Principal Place of Business Mailing Address 7000 BEACH PLAZA 7000 BEACH PLAZA APARTMENT 1002 **APARTMENT 1002** ST. PETE BEACH FL 33706-3662 ST. PETE BEACH FL 33706 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 FIRS7 2. Principal Place of Business 2a. Mailing Address Applied For 26 SAr 3 3 B Not Applicable Suite, Apt. #, etc. Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be V 23 28 Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes ☐ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHELDON, ROBERT ONS 1102 PASS A GRILLE WAY Street Address (P.O. Box Number is Not Acceptable) ST. PETE BEACH FL 33706 83 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 organization to 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 farturing with, and accept the appointment as registered agent. I am farturing with, and accept the appointment as registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change Add-tion DPT DELETE TITLE 11 TITLE REARDON, PAUL J NAME 1.2 NAME 7000 BEACH PLAZA, APT 1002 STREET ADDRESS 1.3 STREET ADDRESS ST. PETE BEACH FL 33706 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE DVS 2.1 TITLE REARDON, PAULINE R NAME 2.2 NAME 7000 BEACH PLAZA, APT 1002 2.3 STREET ADDRESS STREET ADDRESS ST. PETE BEACH FL 33706 2. 4 CITY-ST-ZIP CITY - S1 - ZIF DELETE Change Addition THE 3.1 THILE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - 202 DELETE Change Addition THEF 41 TITLE

14. I do 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

4. 2 NAME 4.3 STREET ADDRESS

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

44 CITY-ST-ZIP

54 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

97 813-367-742

Change

Change

Addition

Addition

FILED

Feb 26 1997 8:00am

Secretary of State