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PROFIT CORPORATION ANNUAL REPORT

1998

PISCES PROPERTIES, INC.

DOCUMENT #



)F STATE FLORIDA DEPARTMENT Sandra B. Mort

Secretary of Sta

DIVISION OF CORPO ATIONS

FILED Mar 26 1998 8:00am Secretary of State



Mailing Address Principal Place of Business **333 17TH STREET 333 17TH STREET** STF V STE V VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32960 3. Date Incorporated or Qualified 07/11/1996 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 65-0681039 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 Cointry 8. This corporation owes or has paid the current year Intangible Zipi Zip Personal Property Tax due June 30. X Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCHUGH, JOHN J JR. 333 17TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) STE V VERO BEACH FL 32960 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authori
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE ☐ Change TITLE BRAMLETT, MARTHA L NAME 333 17TH STREET REET ADDRESS STREET ADDRESS VERO BEACH FL 32960 Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME REFT ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME FET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME EET ADDRESS STREET ADDRESS ST-ZIP CITY+ST-ZIP DELETE Change Addition TITLE NAME FET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME FT ADDRESS STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to exec Block 12 or Block 13 if changed, or on an attachment with an address. mption 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 is report as required by Chapter 607, Florida Statutes; and that my name appears in