## 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

DOCUMENT # P96000064533 (8)

JOSEF	PH J. O'HAVER, INC.	(0)	•						
Principal Place of Business Mailing Address						- ( 40011001 110 10110 0)111 00111 00111		HILL BLEEF GLIEF H	HARE IEH INDE
868 PATTERSON DRIVE 868 PATTERSON DRIVE SARASOTA FL 34232 SARASOTA FL 34232						DO NOT WRIT		CODACE	
Ì						3. Date Incorporated or Qualified		SPACE	
						'			
2. Principal I	Place of Business	2a. Mailing Address				<b>07/31/1996 4.</b> FEI Number		ΠΔ	pplied For
21		26			65-0684606		ļ	lot Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27			6. Certificate of Status Desired		Fee R	lequired	
City & State		City & State			Election Campaign Financing \$5.00 May Be				
Zip Country		Zip Country			Trust Fund Contribution			to Fees	
24	Country	<b>├</b> ─		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
9. Name and Address of Cure		29 30 30 nt Registered Agent		<del></del>		10. Name and Address of New Registered Agent			
O.	HAVER, JOSEPH		8	1 Name	)		-		·
	8 PATTERSON DR.		62 Street Addr		Addre	ss (P.O. Box Number is Not Accepta	hle		
	ARASOTA FL 34234				naara	as (r.o. box raimber is real Accepta			
1			8	3					
İ			8	4 City		·		<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute					<del></del>		FL	_	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida Such change was tions of, Section 607.0505, F	authorized l lorida Statut	by the col	rporatio	n's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	It and title if applicable (NO	TE: Registered A	gent signatur	re required	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TALE	D	•		1.1 TITLE				L Change	Addition
NAME	O'HAVER, JOSEPH		1.2 NAM						
STREET ADDRESS 868 PATTERSON DRIVE SARASOTA FL 34234				1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	SARASUTA PL 34234	DELETE	1.4 CITY 2.1 TITLE					Change	Addition
NAME				22 NAME				□ Grange	/Addition
STREET ADDRESS			4	2.3 STREET ADDRESS					
CITY-ST-ZIP									
TITLE				2. 4 CHY - ST - ZIP 3.1 TITLE				Change	Addition
NAME	32		3.2 NAMI	•	Ì			•	
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE	DELETE 4.1		4.1 TITLE	4.1 TITLE				Change	Addition
NAME	4:		4. 2 NAM	4. 2 NAME					
STREET ADDRESS			4.3 STREE	et address					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<del> </del>	······			
TITLE	E DELETE		5.1 TITLE	5.1 TITLE				Change	Addition
NAME			5.2 NAME		1				
STREET ADDRESS				ET ADDRESS	1				
CITY-ST-ZIP		Dec ree	5.4 CITY-		<del> </del>			D Observe	4.220
TITLE		☐ DELET <b>E</b>	6.1 TITLE		}			☐ Change	
NAME			6.2 NAME		1				
STREET ADDRESS			6.3 STREE	ET ADDRESS	1				

14. Thereby 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-trustoc empewored 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.

OLONIATURE.

125/94 941 359200

**FILED** 

Feb 03 1998 8:00am

Secretary of State