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

P96000066183 (0) DOCUMENT # 1. Corporation Name CAREY - DUNN, INC.

FILED Apr 03 1998 8:00am Secretary of State

Principal Plac	e of Rusiness	Mailing Address		{	
2100 AVENUE B 2100 AVENUE B					
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 3340			404		
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 08/08/1996	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0698555	Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & State			Fee Required
 1		,		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country		Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Current year Intangible
	9. Name and Address of Currer		30	10. Name and Address of New Register	
HEFFLING, JOHN D 81 Name					
	97 PALM BEACH LAKES BLVD.		90 0	d (D.O. D. M	
SUITE 219			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	EST PALM BEACH FL 33409		83		
					· • • • • • • • • • • • • • • • • • • •
			84 City	F	85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAREY, MICHAEL		1.2 NAME		
STREET ADDRESS	3014 SOUTH OLIVE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340		1.4 CITY-ST-ZIP	**************************************	
TITLE	D DINN CONSTRANT	☐ DELETE	2 1 TITLE		Change Addition
NAME	DUNN, JONATHAN		2 2 NAME		
STREET ADDRESS	256 PARK AVENUE PALM BEACH FL 33408		2 3 STREET ADDRESS		
CITY-ST-ZIP	D	The first	2.4 CITY-ST-ZIP		
TITLE	DUNN, DONNA	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME (256 PARK AVENUE		3.2 NAME		
STREET ADDRESS	PALM BEACH FL 33408		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TALM DESCRITE 00100	DELETE	3.4. CITY-ST-ZIP		Channa Addition
NAME			4.1 TITLE		Change Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		hand wellert	5.2 NAME		C Oligings C Addition
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		command
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	partify that the informative supplied u	ith this titue does not suclify		Section 110 07/2Vi) Eteride Statuton further	and the state of t

I nereby 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 of 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 empowere 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 post attachment with an address.

SIGNATURE: