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 # P96000073680 (6)

IVY O'MALLEY WRITING RESOURCES, INC.							
					A PROVINCE UNA LIBERT ANNO ALIGNA	830 86 00 7 888 3016 7	ONDE HANG ROM LAGE
<u></u>							
Principal Place of Business Mailing Address							
3291 LEMON LANE 3291 LEMON LANE NAPLES FL 34120 NAPLES FL 34120							
		***************************************				E IN THIS SPACE	E
					3. Date Incorporated or Qualified		
9 Principal D	loos of Rusinoss	2a. Mailing Address	···		09/03/1996 4. FEI Number		66-15-
2. Principal Place of Business 2e. Mailing Address 2f.					1	ł	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0692901		1.75 Additional
27					5. Certificate of Status Desired	7 -	Fee Required
City & State City & State					6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has p		
24	25	29	30		Personal Property Tax due Jun		
	9. Name and Address of Curre	ent Hegistered Agent	B1	Name	10, Name and Address of New R	egistered Agent	<u> </u>
	MALLEY, IVY		["	Name			
3291 LEMON LANE NAPLES FL 34120			82	82 Street Address (P.O. Box Number is Not Acceptable)			
NA)	1LES FL 34120		83	 			
			84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abov	/e-named co	prporation submits this statement for the		ging its registered
office or re	e gister ed agent, or both, in the Stat m fam iliar with, and accept the obli	te of Florida. Such ch ange was a pations of Section 60 7.050 5. Fl	authorized b orida Statute	y the corpor	orporation submits this statement for the ation's board of directors. I hereby acceptation	opt the appointment	ent as registered
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOI	E: Registered Aç	ent signature req	ujired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	☐ DELETE 1.1 T		}		U	hange Addition
NAME	* ····································		1.2 NAME	- 1			
STREET ADDRESS	\$291 LEMON LANE			1 ADDRESS			
CITY-ST-ZIP	NAPLES FL 34120 VSTD	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP			hange Addition
TITLE NAME	O'MALLEY, IVY	C) office	2.0 MAME			٥	mange L1 Roution
STREET ADDRESS	3291 LEMON LANE			T ADDRESS			
CITY-ST-ZIP	1110100 01 04400		2.4 CITY-				
TITLE			3.1 TITLE	V. 4.11		☐ C	hange Addition
NAME			3.2 NAME				-
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE		:	□ c	hange 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS	!		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	DELETE 5.11		5.1 TITLE			□ ci	hange Addition
NAME			5.2 NAME		:		
STREET ADDRESS	•		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		DELETE	6.1 TITLE			□ c	hange
NAME			6.2 NAME	i			
STREET ADDRESS			6.3 STREE	T ADDRESS			

64 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 trustee 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 fin an attachment with an address.

SIGNATURE MUST MARKET

4/20/88 941-353-518

FILED

May 13 1998 8:00am

Secretary of State

CR2E034 (10/97)