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 #

P96000078994 (6)

"340 NORTH, INC."

FILED May 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Adoress				
502 EAST NEW HAVEN AVENUE MELBOURNE FL 32901			502 EAST NEW HAVEN AVENUE			
MELBOURNE	: FL 32901	MELBOURNE FL	. 32901		DO NOT WRITE IN THIS:	SDACE
					3. Date Incorporated or Qualified	JI AOL
					09/23/1996	
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number 59-3401599	Applied For
21		26	26		APPLIED FOR	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #,	Suite, Apt. #, etc.		- 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	L c	Country	8. This corporation owes or has paid the cur	rent year Intangible
24	[25]	29	30			Yes No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered	Agent
	MES, ERIO R	_		81 Name	TAMES H. FALLACE	
- 50	2 EAST NEW HAVEN AVENU			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
M	FLOOLIENE FL-90901			194	00 S. HICKORY STREE	T
				83	,	
				84 City		85 Zip Code
				, M	CIDOURNE FL	32901
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the	above-named co	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered
agent. I a	m familiar with and accept the go	igations of Section 607.0	0505, Florida S	talutes.	alion's board of directors. Thereby accept the app	Ommeni as registered
SIGNATURE		- -			4/28/9	8
	Signature typed or printed name of regist red	<u> </u>		ereo Agent signature req		
12.	OFFIZERS A	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE		L.) DEC		1 TITLE		Change Addition
NAME	WALDEN, JOHN 502 E NEW HAVEN AVE			2 NAME		
AMELINOLIDADE EL			1.3 STREET ADORESS			
CrTY - ST - ZIP	MELDOUNNE PL			4 C TY-ST-ZIP		
TITLE	DELETI		_	TITLE		Change Addition
NAME			_	PNAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	DELETE			4 CITY - ST - ZIP		
TITLE		L.J UEL		ITITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS			1	STREET ADDRESS		
CITY-ST-ZIP		DEL		I. CITY - ST - ZIP		T Character T Later Co.
TITLE		☐ DEF		TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS				S REFT ADDRESS		
CITY-ST-ZIP		☐ DEL		CITY-ST-ZIP		Change Tark
TITLE		L) DEC		TIFLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		Channa Later
TITLE		☐ DEL		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP	artification information according	ate the Circumstance	64	CITY-ST-ZIP	0 1 10 07/07/1 51 11 0 11	"''

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 off an altagricular with an address.

SIGNATURE: