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

JACKSONUILLE

DOCUMENT # P96000081174 (0)

Country

9. Name and Address of Current Registered Agent

25

KODATT, GEORGE

LOVE & MORE, INC.

City & State

Zip

22

23

FILED May 01 1998 8:00am Secretary of State



This corporation owes or has paid the current year Intaggible

\$5.00 May Be

Added to Fees

Yes

No.

Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4/17/92

(904) 249-2477

JACKGONVILLE FL 32250				2 Street Address (P.O. Box Number is Not Acceptable)					
	CHACHINEE IF AFFAR		83						
			64	City	FL	85	Zip C	ode	
office or re	o the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sec	ich change was auth	norized by	the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	chang ointmer	ing its	registered egistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12	
TITLE	D	DELETE	1.1 TITLE	$\overline{}$		☐ Cha		Addition	
NAME	KODATT, GEORGE		1.2 NAME			_	•		
STREET ADDRESS	323 10TH AVE NO		1.3 STREET	ADDRESS					
CITY+ST-ZIP	JACKSONVILLE BEACH FL		1.4 CRY-S	T-7IP					
TITLE		DELETE	21 TITLE			Cha	nge	Addition	
NAME			2.2 NAME	J]	
STREET ADDRESS			2.3 STREET	address					
CITY-ST-ZIP			2.4 CITY-S	T-ZIP				7	
TMLE		DELETE	3.1 TITLE			Cha	nge	■ Addition	
NAME			3.2 NAME	1					
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-2 P					
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	T-ZIP					
TITLE		DELETE	5.1 TITLE]		☐ Cha	กฎย	☐ Addition ☐	
NAME			5.2 NAME					ŀ	
STREET ADDRESS			5.3 STREET	address					
CITY-ST-ZIP			5.4 CITY - ST	I-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Cha	nge	Addition	
NAME			62 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

6.4 CITY-ST-ZIP 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 legat effect as if made under oath; that I am an officer or director of the dolpharation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

BEACH, FL

81 Name