## 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 # P96000088037 (2)

1401 10TH ST., CORP.

## FILED May 05 1998 8:00am Secretary of State



	<u>_</u>					_			
Principal Place of Business Mailing Address						71001001110011110011110011110			
1401 10TH S		1401 10TH STREET							
LAKE PARK F	FL 33403	LAKE PARK FL 33403	LAKE PARK FL 33403			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	-		<del></del>
						10/23/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number		- At	pplied For
21		26			65-0704037		No	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27	4			e, continuate of states because		Fee Re	beriupe
City & State	9	City & State			6. Election Campaign Financing			May Be	
23 Zim	Complete	<b>28</b>			Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country	Zip	30	пиу		This corporation owes or has p     Personal Property Tax due Jun		rent year int	tangible No
24	25 Name and Address of Current	29     Registered Agent	30		<del></del>	10. Name and Address of New R			1
НА	P, JEFFREY ESQ.			81	Name				
	1 WEST INDIANTOWN ROAD				Ot	Ideas (D.O. Day Nicobaria Not Assault 11)			
	PITER FL 33458			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
			•	83	,				
				84	City			<b>85</b> Zip	Code
							<u>FL</u>		
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, typed or product name of regulates agest and lite of appt able (NOTE Registered Agent signature required when reinstating)  DATE									
					ni signature require		DATE	DIDECTOL	
12.	D OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFF	CENS AND	Change	Addition
NAME	BENEDICT, JOHN L		1.2 N						
STREET ADDRESS	108 A BENT ARROW DR		1	1.3 STREET ADDRESS					[ ]
CITY-ST-ZIP	JUPITER FL 33458		1.4 C						
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME			2.2 N						
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CITY-ST-ZIP			2 4 0	ITY-S	ST-ZIP				
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NAME			3.2 NAME						
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NAME			4 2 N	AME	ļ				
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NAME			5 2 NA						
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NAME			6.2 NA						
STREET ADDRESS					ADDRESS				į
CITY-ST-ZIP		70.0	6.4 CI	IY- S1	1-ZIP	2-6-440 07(0)() Fledde Cretide	11 11	art also tale	1.77

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 on an attachment with an address.

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