## 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

P96000090032 (9) DOCUMENT #

JOEY TEITELBAUM, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 109-FMEDALD MEY-LAND 100 FMERAL CHARLES FROM PART DEACH GARDENS TE 32412 RALM REACH GARDENS PL 334185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1996 Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 2808 21 8808 KITT 65-0706182 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Cltv & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 3341 30 U.S.A UOA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent TEITELBAUM, JOSEPH JOHE PH TEITELBAUM 402-EMERALD-KEY LANE PALM BEACH GARDENS FL 33418 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-roffice or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiscida Statutes. tement for the purpose of changing its registered the hereby accept the appointment as registered JOSEPH OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND 12. **DIRECTORS IN 12** 13. Change TITLE □ DELETE 1.1 TITLE 2808 KITTBUCK WHY TEITLELBAUM, JOSEPH NAME 1.2 NAME 102 EMERALD KEY LANE-.3 STREET ADDRESS STREET ADDRESS PALM BEACH CARDENS FE CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 truetee 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 attention of the corporation of the receiver of the corporation of the receiver of the receiver or truetee.

SIGNATURE: