FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P96000091224 (1) J. PADULA, INC. Principal Place of Business Mailing Address 4285 WEST ATLANTIC AVE 4285 WEST ATLANTIC AVE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/05/1996</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0720372 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PADULA, JOANN 4285 WEST ATLANTIC AVE 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 Zip Code 84 City 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. DATE Signature, typed or printed name of registered alignst and title if approbability (NOTE_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE PADULA, JOANN NAME 1.2 NAME 4285 WEST ATLANTIC AVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33445** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP

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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

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