## 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 # P96000091243 (1)

BYRNE & MOORE ASSOCIATES, INC.

## FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				L SANDINODI, SIR CALIFO EFIEST BASTO NOTILE NOTICE BASTON	18484 (4840 1981) BIOSA (41) 1881	
5950 IMPERIA MULBERRY F		5950 IMPERIALAKES BLVD MULBERRY FL 33860		,		
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
6 Principal P	lace of Business	2a. Mailing Address			11/06/1996 4. FEI Number	A - all - al E - a
<del></del> i	IdOS OF DUSINESS	F *				Applied For Not Applicable
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-3436271	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Con	intry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it Registered Agent		<u> </u>	10. Name and Address of New Register	d Agent
	RITTON, CHARLES P			81 Name		
5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
				83		
				63		
			·	84 City	F	85 Zip Code
44 Pureuent	to the provisions of Sections 607.050	2 and 607 1508 Florida State	ites the al	nove-named corr	-	<b>-</b>
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	m tamiliar with, and accept the obliga	ations of, Section 607.0505, F	iorida Stat	utes.		1
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable (NC	TE: Registere	d Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND	<del></del>	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PST	DELETE	1,1 TI	TLE .		Change Addition
NAME	MOORE, JAMES A		1.2 N/	ME		2
STREET ADDRESS	5950 IMPERIALAKES BLVD		1.3 \$1	REET ADORESS		5
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	2.1 TI	rle		☐ Change ☐ Addition C
NAME			2.2 N/	ME		1
STREET ADDRESS			2.3 ST	reet address		
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TITLE		DELETE	3.1 Tr	Į.		Change Addition
NAME OTOTET (DODGEO			3.2 NA			
STREET ADDRESS				REET ADDRESS		ļ
CITY - ST - ZIP TITLE		DELETE	3.4. C	TY-ST-ZIP		Change Addition
NAME		beach	4.1 th			T Average C Amprilate
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 NA	l l		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		ŀ
TITLE		DELETE	6.1 70			☐ Change ☐ Addition
NAME			6.2 NA	ME .		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CD	ry-st-zip		

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.

10 NATURE 3/3/9× 941-1046-961