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 # P96000097811 (9)

MARCELLUS W OSCEOLA JR ENTERPRISES INC

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I INDINODI KIE IBKID BKIKI BOKIL BOKIL BOKIL ODINI IBBOT 1660 1166 1160 KODI	
•					
6341 N 39TH ST 6341 N 39TH ST HOLLYWOOD FL 33024-84			8405	DO NOT WRITE IN THIS	S SPACE
li				3. Date Incorporated or Qualified 12/04/1996	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number 65-0709324	Applied For Not Applicable
Sulte, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	X Yes No
E4	9. Name and Address of Curren		190	10. Name and Address of New Registere	7=3
OSCEOLA, MARCELLUS JR 6341 N 39TH ST HOLLYWOOD FL 33024-8405 81 Name MARCELLUS W OSCEOLA TR 82 Street Address (P.O. Box Number is NowAcceptable) 10 331 NORTH 40 STREET 83 City HOLLYWOOD FL 85 Zip Code 4 NOLLYWOOD FL 33024					
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 printed name of registored agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P	☐ DELETE	1.1 TITLE	,	Change
NAME	OSCEOLA, MARCELLUS W J	IR.	1.2 NAME		′
STREET ADDRESS	6341 NORTH 39TH STREET		1.3 STREET ADDRESS	6331 NORTH 40 5TR	COST
CITY-S1-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	NOLLYWOOD IT 330	24
TITLE		DELETE	21 TITLE		☐ Change ☐ Addition
NAME .			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP	,		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		·\
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZIP		ļ
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		,
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
			6.2 NAME		
NAME ATTACK ADDRESS					
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		I

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 eath; 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 appear of the corporation of the corpora