FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100996 (3) MARY AND GARY BALLIETT, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								AUF 40114 18119 1	9118 BITT 1881
			500 N.W. 27TH COUI ANTATION FL 33323				DO NOT WEITE IN THE	on.or	
							DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
							12/13/1996		
2. Principal P	lace of Business	2a.	2a. Mailing Address				4. FEI Number Applied For		
21		26					65-0723049	-	Not Applicable
Suite, Apt.	#, etc.	ļ <u>-</u> -ŋ	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State	<u> </u>	27	City & State						Required
23	·	<u> </u>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country	· ~~~	Zip	Cou	untry	`	This corporation owes or has paid the co		
24				30			Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curr	ent Registe	ered Agent		Ĺ.,		10. Name and Address of New Registered	i Agent	
	LLIETT, GARY				81	Name			
	500 N.W. 27TH COURT				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		
PU	UNTATION FL 33323				83				
					84	City	FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 601	7.1508, Florida Stat	utes, the a	bove	named corp	oration submits this statement for the purpose	of changing	its registered
agent. I a	n familiar with, and accept the ob-	igations of,	Section 607.0505, I	s authorize Florida Sta	lutes	ine corporati i.	ion's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE	——————————————————————————————————————								
12.	Signature, typod or printed name of registered in OFFICERS A			DTE: Registere	d Age	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	NDC IN 12
TITLE	D	THE CO	DELETE	1.1 TI	ITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME	BALLIETT, GARY			12 N	AME			•	
STREET ADDRESS	11500 N.W. 27TH COURT			1.3 \$	TREET	ADORESS			
CITY-ST-ZIP	PLANTATION FL 33323		· · · · · · · · · · · · · · · · · · ·		ITY-S	T-ZIP			
TITLE	☐ DELE		☐ DELETE		21 TITLE			Change	Addition
NAME				22 N]
STREET ADDRESS CITY-ST-ZIP						ADDRESS			
TITLE	<u> </u>		DELETE	2. 4 L	HTY-S	n-Lir		☐ Change	Addition
NAME				3 2 N	AME.			. •	
STREET ADDRESS				3.3 S	TREET	ADDRESS			
CITY-SI-ZIP				_	HTY-S	T-ZIP			
TITLE			☐ DELETE	4.1 Ti				☐ Change	Addition
NAME STREET ADDRESS				4.2 N		ADDRESS			
CITY-ST-ZIP					INEE I ITY - SI				
TITLE			DELETE	5.1 Tf		L EN		Change	Addition
NAME				5.2 N				-	
STREET ADDRESS				5.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP					ITY - \$1	r-ZIP			
TITLE			☐ DELETE	6.1 TI				Change	Addition
NAME				6.2 N					
STREET ADDRESS				1	TREET	ADDRESS			

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 occiver or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 If changed, or on, an attachment with an address

SIGNATURE: