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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020145 (3)

ZIES BROTHERS, P.A.

Prin	cipal Plac	ce of Busines	ss	Ma	Mailing Address					F HOOMADE USE JOHN COOKE EDINE DENIE DONN DONN COMMUNICATION OF THE CONTRACT O	
15 EAST SILVER PALM AVE				1	15 EAST SILVER PALM AVE						
MELBOURNE FL 32901			ı	MELBOURNE FL 32901					DO NOT WRITE IN THIS SPACE		
ł										3. Date Incorporated or Qualified	_
ł										02/28/1997	
2. F	2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	-
21	<u> </u>			26	26					59-3431855 Not Applicab	le
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$9.7E 1486	_
22					27					5. Certificate of Status Desired Fee Required	
City & State				ļ	City & State					6. Election Campaign Financing \$5.00 May Be	
23				28	the state of the s					Trust Fund Contribution	
-	Zip Country				Zip Country			/		8. This corporation owes or has paid the current year Intangible	
24	25 9, Name and Address of Curren			29						Personal Property Tax due June 30. Yes No	
				rent negisi	ereo Agent		81	Na		10. Name and Address of New Registered Agent	
		ES, G. PHI					01	Iva	He		
			VER PALM AVE				82	Str	eet Addr	iress (P.O. Box Number is Not Acceptable)	\neg
ŀ	M	FIRONKW	FL 32901				83				
1	5						63	1			
]							84	City	·	85 Zip Code	\neg
14	Durbuant	to the provis	sions of Coolings CO71	7.00 and 60	7.100 Florido Cial.	den the o	<u> </u>	<u></u>		poration submits this statement for the purpose of changing its registered	_
ł	OTTICE OF F	registered ag	gent, or both, in the St	ale of Hond	la. Such change was	authorize	d by	z the :	corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	נ
1	agent. I a	am f a miliar w	ith, and accept the ot	oligations of,	, Section 607.0505, F	Iorida Sta	tutes	S.		, , ,	,
SIGI	NATURE	Classian trans								irod when reinstating) DATE	
Signature, typed or printed name of registered age 12. OF FICERS ANI					<u>-</u>			ant sign	ature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE		D			DELETE	1.1 7	ITLE			Change Additio	ᆔ
NAME	ME ZIES, G. PHILIP J				_		1.2 NAME		ļ		
STREE	T ADDRESS		ST SILVER PALM A	Æ		135	TREFT	ADDRE	ss		
1	ST-ZIP		URNE FL 32901				ITY-S		.55		
TITLE		D			DELETE	2.1 T		<u> </u>		☐ Change ☐ Additio	ᆔ
NAME		ZIES, F	PETER J			22 N	AME				
STREE	T ADDRESS		ST SILVER PALM AV	Æ		2.3 S	TREET	ADDRE	ss		- 1
спу-	ST-ZIP	MELBO	WRNE FL 32901					ST-ZIP		•	ı
TITLE					☐ DELE TE			•		☐ Change ☐ Addilio	긲
NAME	łĘ					3.2 NAME					
STREE	T ADDRESS					3.3 S	IREET	ADDRE	SS		
спу-	ST-ZIP					3.4. C	ITY-S	ST-ZIP			-
TITLE					☐ DELET e	4.1 Ti	TLE			☐ Change ☐ Addition	ᆔ
NAME						4, 2 N	IAME		ļ		
STREE	T ADORESS					4.3 S	IREET.	ADDRE	ss		
CITY-	ST-ZIP		·			4.4 C	IY-S	1 - Z)P			
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NAME						5.2 N	AME				
STREE	T ADDRESS					5.3 \$1	REET	ADDRE	ss		
	ST-ZIP					540	TY-SI	T-ZIP			
TITLE	ļ	1			☐ DELET E	6.1 Ti	TLF			Change Addition	П
NAME						6.2 NAME					
STREE	T ADDRESS					6.3 \$1	REET	ADDRE	ss		-

14. 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 of 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 of on the algorithm of the receiver of the corporation and that my name appears in Block 13 if changed of on the algorithm.