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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P97000027606 (7) MARSHALL & TREMBLAY, P.A.

FILED

Mar 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

9WW J TREMBLAY. P A 1801 S FEDERAL HWY. SUITE 219 DELRAY BEACH FL 33483		1801 \$ FEDERAL HWY, \$	9W J TREMBLAY, P A 1801 S FEDERAL HWY, SUITE 219 DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					03/24/1997		
2. Principal Pi	2a. Mailing Address	g Address		4. FEI Number	Applied For		
21		26	26			Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		- \$8.75	5 Additional	
22		27			5. Certificate of Status Desired Fee	Required	
City & State	9	City & State	⊢ , '		Election Campaign Financing \$5.0	O May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	25 Name and Address of Curre	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
TREMBLAY, W J				Treative			
1801 \$ FEDERAL HWY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 219							
DELRAY, BEACH FL 33483]			
•	-		84	City	FL ⁸⁵ ^{Zi}	ρ Code	
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, typod or printed name of registered agent and title if applicable (NOTE, Registere				on signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	D	☐ DELETE	1.1 TITLE		D P S K Changi	e 🔲 Addition	
NAME	100 000 000 000		1.2 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP TITLE	JONESBORO GA 30236	DELETE	1.4 DITY - S	31 - ZIP		1 delica	
1	D TOTANIAN MILI		2.1 TITLE	- 4	D VP T	e L Addition	
NAME DEPOS	· · · · · · · · · · · · · · · · · · ·		2.2 NAME			İ	
STREET ADDRESS CITY-ST-ZIP			2.3 STREET		and the second s		
TITLE	DECRAT BEACTIFE 33445	DELETE	2. 4 CITY - 3 3.1 TITLE	51-ZIP	Change	Addition	
NAME		-			Onlings		
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		ļ	
CITY-ST-ZIP				1			
TITLE			3.4. CITY-5 4.1 TITLE	21-71	Change	Addition	
NAME			4. 2 NAME		Orange		
STREET ADDRESS			4.2 TRAME	ADDRESS			
CITY-ST-ZiP			4.4 CiTY-S				
TITLE		DELETE	5.1 TITLE	, Lit	Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS		l	
CITY-ST-ZIP			5.4 CITY - S			l	
TITLE		DELETE	6.1 TITLE	. 411	Change	Addition	
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
JANEEL ADDITION			U.J SINCE	ADDITEDO			

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 suppliemental 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.