## 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 # 1. Corporation Name P97000032520 (3)

JEANNE GAVISH, INC.

Principal Place of Business	Mailing Address
4098 COMMERCIAL WAY	4098 COMMERCI
SPRING HILL FL 34606	SPRING HILL FL

## **FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of But	Place of Business Mailing Address			0 14801880 116 18111 14211 42111 42111 42111 42111 4211 4211 4211 4211 4211			
	4098 COMMERCIAL WAY 4098 COMMERCIAL WAY						
SPRING HILL FL 3480	<b>)</b> 6	SPRIN	VG HILL FL 34806				DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
							· · · · · · · · · · · · · · · · · · ·
2. Principal Place of	Duninton	0- 14-	illing Addison				04/10/1997
<b>⊢</b> → '	Dusiness	<b>├</b> ¬	illing Address				4. FEI Number Applied For Not Applicable
21 26 26							
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	
22							
23	<b>–</b> '						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	<b>28</b> Zip	·	Country			
24	25	29	· —				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	lame and Address of Curr		d Agent	30	Γ		10. Name and Address of New Registered Agent
					81	Nam	
GAVISH, A							
	MERCIAL WAY				82	Stre	treet Address (P.O. Box Number is Not Acceptable)
SPHING P	IILL FL 34606				83		
					00		
					84	City	ity FL 85 Zip Code
							· - 1
11. Pursuant to the p	rovisions of Sections 607.0 ad agent, or both, in the Sta	502 and 607.1 ite of Florida S	508, Florida Statu Such change was	utes, the at authorized	oove d by	e-name z the c	med corporation submits this statement for the purpose of changing its registered occiporation's board of directors. I hereby accept the appointment as registered
agent. I am famili	ar with, and accept the obt	igations of, Se	ction 607. <b>0505</b> , F	lorida Stat	utes	3.	
SIGNATURE							
	typed or printed name of registered				d Age	ent signat	gnature required when reinstating) DATE
12.	SINCALT	ND DIRECTO	DELETE	13.	71.0		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
1111E 77.0	SIDENT NNE GAVISH IS COMMERCI ING HILL FLO	<i>†</i>	LJ OLLCIL				Citalitie Civilian
NAME JEA	COMMERCI	AL WA	1	1.2 NA			
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TITLE	<del></del>		☐ DELETE	6.1 TIT			Change Addition
NAME				6.2 NA	ME		
STREET ADDRESS						ADDRES:	RESS
CITY-SI-ZIP				6.4 CIT			
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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.