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

Mailing Address

5200 N.W. BSTH AVE.

LAUDERHILL FL 33351

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037629 (7)

LARRY SEXTON, INC.

Principal Place of Business

5200 N.W. 85TH AVE.

LAUDERHILL FL 33351

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

3. Date Incorporated or Qualified 04/25/1997 2. Principal Place of Business 2a. Mailing Address **FEI Number** Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. □ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SEXTON, LARRY 5200 N.W. 85TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33351 63 R4 City Zip 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or pointed name of regelered ages, and title if applicant (NCITE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE PRES IDENT NAME 1.2 NAME -ARRY Sexton 1.3 STREET ADDRESS STREET ADDRESS 5200 NW 85 AVE Scential FL 37351 1.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME TINA Sexton 2.3 STREET ADDRESS STREET ADDRESS SZOO NW 85 AVE 2.4 CITY-ST-ZIP CITY-ST-ZIP -MUDERHILL FL. 33351 DELCTE ☐ Change Addition TITLE 3.1 TIFLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition TITLE 41 TITLE Change 4. 2 NAME 4.3 STREFT ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS-5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6 1 TI7LE Addition TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 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 convention 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 classes of the convention with an address of the convention of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in