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

PROFIT CORPORATION ANMUAL REPORT

¥ 1998



FLORIDA DEPARTMENT OF STATE Sandra E Morthern

Secretary of State

DIVISION OF CORPORATIONS

P97000042812 (2) **DOCUMENT #**

FPWB PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED Jul 08 1998 8:00am Secretary of State



201 SW PORT ST. LUCIE BLVD. 201 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0755040 26. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 schoenfeldt, jeffrey s 201 SW PORT ST. LUCIE BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34984 83 84 City Zip Code 85 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 Signifure, lyped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TIBLE **SCHOENFELDT, JEFFREY S** 1.2 NAME 201 SW PORT ST. LUCIE BLVD. STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34984 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 2.1 TITLE MCCARTHY, KEVIN G NAME 2.2 NAME \$21 SOUTH SECOND STREET STREET ADDRESS 2.3 STREET ADDRESS **PORT PIERCE FL 34954** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition 800002583408 NAME 6.2 NAME -07/08/98--01091--015 STREET ADDRESS 6.3 STREET ADDRESS ***158.75 CITY-ST-ZIP 6.4 City - St - 7/P

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.