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PROFIT
CORPORATION
ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATU

Sandra B. Mortham

Secritary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053367 (3)

SULLIVAN PROFESSIONAL SERVICES, INC.

Princi	ipai made or busine	355
	OAKFIELD DRIVE NDON FL 33511	

Mailing Address

1530 OAKFIELD DRIVE BRANDON FL 33511

FILED May 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 06/16/1997 2a. Mailing Address 2. Principal Place of Husiness Applied For 21 Not Applicable Suite, Apl. #. 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 23 Trust Fund Contribution Added to Fees 28 Ζiρ Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SULLIVAN, JILL M 1530 OAKFIELD DRIVE Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 Zip Code 84 City 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 Horida. 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 appointment as registered agent. I am familiar with, and accept the applications of, Section 607.0505, Florida Statutes. 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 Tille **SULLIVAN, JILL M** 1.2 NAME NAME **1530 OAKFIELD DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 1.4 D/TY- ST- ZIP Change DELETE Addition TITLE 2.1 THE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP Change DELETE 3.1 TITLE TITLE 3.2 NAMI NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 THLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP Addition DELETE 5.17016 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CH1Y - \$1 - ZIP Addition DELETE Change TITLE 6.1 THLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 early 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.

Au M. Sullwart

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