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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1998 8:00am

Secretary of State

941-362-4350

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055498 (4)

LYELL ENTERPRISES, INC.

Principal Place of Business Mailing Address				a santially the rettle failt and a fail and a
2433 FOSTER LANE SARASOTA FL 34239		2433 FOSTER LANE SARASOTA FL 34239		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				06/23/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0766369 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		S8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired Fee Required
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intaggible
24	25	29	30	Personal Property Tax due June 30.  Yes XNo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
ASTRONSKAS, CATHERINE L 81 Name				
2433 FOSTER LANE			82 Street A	ddress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34239				
			83	
			84 City	85 Zip Code
				FL   S   E   S   S   S   S   S   S   S   S
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the above-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	gations of, Section 607,0505, Fi	authorized by the corp. orida Statutes.	oration's board of directors, Thereby accept the appointment as registered
SIGNATURE	Athurne K.	( stranger		<i>3-22-98</i>
OIGHT (TOTILE	Signature, typied or printed name of registered a		E: Registered Agent signature r	equired when reinstating) DATE
12.	<del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	L] DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASTRONSKAS, CATHERINE	l	1.2 NAME	
STREET ADDRESS	2433 FOSTER LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	,
CITY-ST-ZIP		T perete	2. 4 CITY-ST-ZIP	
TITLE		☐ DEL <b>ete</b>	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		T no cre	3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE				C Orlange C Apprillor
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		L_) OCCEPTE	6.2 NAME	C algude C volume
STREET ADDRESS			6.3 STREET ADDRESS	
	,			
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or	on this annual report or supplement	al annual report is true and acceiver or trustee empowered to	curate and that my sion	ature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
	// 1	& Hot	<b>h</b>	a - Ad All as day