FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000059170 (5) DOCUMENT # D. TODD & CO., INC. Principal Place of Business Mailing Address 2448 DOUGLASS AVE. 2448 DOUGLASS AVE. **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-076882 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 TODD, DOUGLAS F 2448 DOUGLASS AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **DELRAY BEACH FL 33444** 83 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 loyala. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligations of Section 607 0505, Florida Statutes. 7000 DOUGLAS OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ Addition DELETE Change TITLE Ď TODD, DOUGLAS F 1.2 NAME NAME 2448 DOUGLASS AVE. 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33444** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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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 in processing and the same legal effect as if made under oath; that I am an or the receiver of truster of processing and that my name appears in

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STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information sindicated on this annual report or sy

officer or director of the corporation Block 12 or Block 13 if changed, of