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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700062097 (5)

SURROGATE PLUS, INC.

FILED Mar 18 1998 8:00am Secretary of State

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				-	#841 #811 8118 8118 11#1 8018 1818 1811 1811	
Principal Place of Business Mailing Address						
2025-FARRAG	<del>rut Lane</del> <del>Deach Fl-89400</del>	2826 FARRAGUT LANE WEST PALM BEACH FE	-33408*			
<b>£</b> 7~5			LORATE WAY		TE IN THIS SPACE	
WEST	PART BEAM, FL 334	· · ·	M BEAM FL J3407	3. Date Incorporated or Qualified 07/16/1997		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 27~5		26 577 CALA	orace why	65-0770569	Not Applicable	
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Pom Bary of	City & State	Barm, Fr.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ž(p) 2. 4 = 0	Country 30 VSA	8. This corporation owes or has p		
24 3340	9. Name and Address of Current	Registered Agent	30 V 3/1	Personal Property Tax due Jun  10. Name and Address of New R		
GASSMAN, JAYNE  81 Name						
ONCE PARTIACITE LAND				(D.O. D. M		
WEST PALM BEACH FL 33409				ass (P.O. Box Number is Not Accepte	able)	
•••	OT ( ALM DENOTT L GO TO		83			
			84 City		85 Zip Code	
			City		FL   S   Z   D C C C C C C C C C C C C C C C C C C	
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 Signature, typod or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DELETE	1.1 TITLE	• "	Change Addition	
NAME	GASSMAN, JAYNE		1.2 NAME			
STREET ADDRESS	2825 FARRAGUT LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	ABERGER, STEVEN		2.2 NAME			
STREET ADDRESS	16745 WEST JENNY LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE FL 33470	DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE		ריין טנונוג	3.1 TITLE		Citalings C Accounts	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		-	52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS		<b> </b>	
CITY-ST-ZIP			5 4 CITY+ST-ZIP		·	
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition	
NAME	•		6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
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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.

SIGNATURE:

Augul Dassman

Jayne Gassman

561-611-outo

CR2E034 (10/97