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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000071157 (6)

ATKINS & ANDERSON OF OREGON, INC.

| rincipal Place of Business | Mailing Address |
|---|---|
| 1617 N FLAGLER DR STE 104 WEST PALM BEACH FL 33407 | 1617 N FLAGLER DR STE 104 West Palm Beach FL 33407 |
| | |
| 2. Principal Place of Business | 2a. Mailing Address |

FILED May 21 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address 1617 N FLAGLER DR STE 104 1617 N FLAGLER DR STE 104 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 | | r Phòridha sen ibini ladii dhiii naili abili abili abili abili idda) sihai biadi aliis saar ladi. | | | | |
|--|--|---|-------------------------|----------------------|--|---|
| | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified 08/15/1997 | |
| 2. Principal Place of Busi | noss | 2a. Mailing Address 26 | | | 4, FEI Number | Applied For Not Applicat |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | [27] | | | 9, Cermicate of Status Desired | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 7(p) | Countr | ·-·· | Trust Fund Contribution This corporation owes or has paid the cu | Added to Fees |
| 24 | 25 | 29 | 30 | , | | Yes [2] No |
| | and Address of Current | | | | 10. Name and Address of New Registered | Agent |
| VANSCHEPE | N, BRENDA DEE | | 81 | Name | | |
| | BLER DR STE 104 | | 82 | Street Add | iress (P.O. Box Number is Not Acceptable) | |
| WEST PALM | BEACH FL 33407 | | L | | | |
| | | | 83 | 1 | | |
| | | | 84 | City | | 85 Zip Code |
| | | | | L | F <u>L</u> | • <u> </u> |
| office or registered as | gent, or both, in the State of | f Horida. Such change wa s | authorized b | y the corpora | poration submits this statement for the purpose o ation's board of directors. I hereby accept the app | i changing its registere pointment as registered |
| agent. Lam familiar w | ith, and accept the obligati | ons of, Section 607.0505, F | Florida Statute | S. | , , , | • |
| SIGNATURE Standburg burge | d or printed name of registered againt | Short title of secondary date. /Nr | M : Benisland An | ant rionature regu | ired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ant agriculture redo | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE OFFICE | | DELETE | 1.1 TOTLE | | | Change Additi |
| | | :O | 12 NAME | | | |
| STREET ADDRESS 11735 | a D. VanSchepe 150th ct W | · ' | 13 STREE | T ADDRESS | | |
| CITY-ST-ZIP Sup. | ler, Fl. 3347 | 78 | 1.4 CITY - | S1-ZIP | | |
| The Presid | dent | DELETE | 2.1 TITLE | | | Change Additi |
| NAME Hecto | r C. Megy | | 2.2 NAME | [| | |
| STREET ADDRESS 1617 | N. Flagler Dr | | 2.3 STREE | T ADDRESS | | |
| CITY-ST-ZIP UPSF | Palm Beach, | FI, 33407 | 2. 4 CiTY | ST - ZIP | | Disease I said |
| TITLE | • | ☐ DELETE | 3.1 TITLE | | | Change Additi |
| NAME | | | 3.2 NAME | T TBODECC | | |
| STREET ADORESS | | | - 1 | T ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY- 4.1 TITLE | 31-2IF | | Change Additi |
| NAME | | Last Francis | 4. 2 NAME | | | |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | |
| TITLE | | DELETE | 51 TITLE | | | Change Additi |
| NAME | | | 52 NAME | | | |
| STREET ADDRESS | | | 5 3 STREE | T ADDRESS | | |
| CITY-SI-ZIP | | | 5.4 CITY- : | ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Additi |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | | |
| CITY-SY-ZIP | | | 6.4 CITY- | | | |
| ## I haraby agrifu that the | a information considered with | Alle Alle a classe and analify | doe the average | tion stated in | Cootion 110 07(2)(i) Florida Ctatutan Liuther of | wife that the information |

The second and the information supplies with this ining uses not quality for the exemption stated in Section 119.07(3)(1). 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 cognitation 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 my address.