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 # P97000071592 (4) W. MORGAN SPEER, P.A.

Country

g. Name and Address of Current Registered Agent

25

SPEER, W. MORGAN 18 VIA DE CASAS SUR

18 VIA DE CASAS SUR NO. 202 BOYNTON BEACH FL 33426

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Zip

Principal Place of Business

Mailing Address

2a. Maiting Address

City & State

Zip

26

28

29

18 VIA DE CASAS SUR NO. 202

Suite, Apt. #, etc.

BOYNTON BEACH FL 33426

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

☐ Yes

561-733-8184

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

65-0796137

5. Certificate of Status Desired

6, Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

08/18/1997

FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

NU. ZUZ			83	├ ─				
Вυ	YNTON BEACH FL 33426		"	ŀ				
			84	Cit	у	FL	85 Zij	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 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, typed or panied name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	D	☐ DELETE 1	1.1 TITLE				Change	Addition
NAME	SPEER, W. MORGAN	1	1.2 NAME					
STREET ADDRESS	18 VIA DE CASAS SUR NO. 202	[1	I.3 STREET	I ADORI	223			ļ
CITY-ST-ZIP	BOYNTON BEACH FL 33426		1.4 CITY-S	ST-ZIP				
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NAME			2 NAME					
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CITY - ST - ZIP			4 CITY-S					
14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arri 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.								

Country

Name

30