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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000071957 (9)**

1. Corporation Name

**THE CONSTITUTIONAL, INC.**

Principal Place of Business

**2809 WEST 15TH STREET  
SUITE 205  
PANAMA CITY FL 32401**

Mailing Address

**2809 WEST 15TH STREET  
SUITE 205  
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/20/1997**

4. FEI Number

**59-3463578**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☒

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 THE SAME**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

**24 USA**

2a. Mailing Address

**26 THE SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

**29 USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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 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

**JEFFREY A. Dowd, Atty at Law**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
PSTD  
LANE, MICHAEL  
STREET ADDRESS  
2809 WEST 15TH STREET  
CITY-ST-ZIP  
PANAMA CITY FL 32401**

TITLE ☐ DELETE

**NAME  
VD  
BITON, FANI  
STREET ADDRESS  
2809 WEST 15TH STREET  
CITY-ST-ZIP  
PANAMA CITY FL 32401**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL LANE**

**Michael Lane 4/20/98 (850) 784-8000**

CP2E034 (10/97)