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 # P97000073166 (5)

SNOWBIRDS HOME WATCH SERVICE, INC.

Principal Place of Business

Mailing Address

2488 MILLCREEK LN #201 NAPLES FL 34119

2488 MILLCREEK LN #201 NAPLES FL 34119

FILED May 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

									3. Date Incorpor	_	ed			
2. Principal Place of Business 2a. Mailing Address									08/22/1997					
-	iace of Busin	ess	h	2a. Mailing Address				-	4. FEI Number 3489217			Applied For		
Suite, Apt.	# etc		26	Suite, Apt. #, etc.						27010	9		ot Applicable Additional	
22		<u> </u>	27					5. Certificate of S	Status Desired			equired		
City & State	ө		City & State					8. Election Campaign Financing \$5.00 May Be						
23			28	d L				Trust Fund Contribution Added to Fees						
Zip	Country Zip				Cou	ntry			8. This corporation owes or has paid the current year Intangible					
24 25 29						30			Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
BOLAND, PAUL 2488 MILLCREEK LN #201							81 Name							
		82 Street Addre			Address	(P.O. Box Numb	er is Not Acce	otable)						
NA	PLES FL 34	119		}										
•														
					ļ	84	City				FL	85 Zip	Code	
11. Putspark	to the orovisi	ons of Sections 607	1502 and 607 150	8 Florida Statute	as the at	nove	-named r	COrnora	ation submits this	statement for the	····	f changing it	s registered	
office or r	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.													
SIGNATURE	Signature, typed	or ponted name of regulares	Bol and agent and late of applica	tile (NOTE	Hegistered	s (Spen	l eignature i	required v	vtien reinstating)		DATE	10		
12.		OFFICERS	AND DIRECTORS		13.				ADDITIONS/CH	IANGES TO O	FFICERS AN	D DIRECTOR	IS IN 12	
TITLE	PREOI(eit		DELETE	1.1 181	LE			810er			Change	Addition	
NAME	IMME PAUL J BOLAND STREET ADDRESS 2482 MILICELECK CN#501 SITY-ST-ZIP NAPLCS FL 34115					ME		DA.	488 mull NAPLES	(And			[:	
STREET ADDRESS	2488	•(1.3 STREFT		ADDRESS	2	488 mill	cevek	(N #30	·/				
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NAME						22 NAME					2.]	
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NAME					4. 2 N/		[·	_ /	
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NAME					5.2 NA	ME	ĺ						1	
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CITY-ST-ZIP					5.4 CIT	Y-SI	- ZIP				·			
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NAME					6.2 NA		- 1						}	
STREET ADDRESS							ODRESS							
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indicated		information supplier					on stated			riorida Statute	s. I further co	erity that the	information	

iniciated on this annual report of supplemental artiful 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:

and Black PAUL T BULAND 4-14-98