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

PROFIT CORPORATION ANNUAL REPORT

1**9**98 ·



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

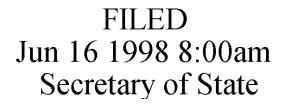
Secretary of State
DIMISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000074318 (1)

S. TRAMMEL, INC.

Principal Place of Business

Mailing Address





840 13TH STREET Lake Park FL 33 410		840 13TH STREET Lake Park Fl 33410		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 08/25/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0785626	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			D. Commode of Challet Desires	Fee Required
City & State		City & State	Orty & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Gountry CL_1	Z ₀ p	Country		8. This corporation owes or has paid the o	
24	25 Name and Address of Curre	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
TD	21 TA	aur undisteren währir	81	Name	10. Name and Address of New Registere	o where
	AMMEL, STEVE I 3r d Court		ا ا			
		•	82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
PAI	L m Be ach Gardens FL 3341	U	83			
			63			
			84	City	-	85 Zip Code
		10 124 Jan 2014 19 17 17 17 17 17 17 17 17 17 17 17 17 17	- ,,			_
office or re	o ine provisions of Sections 607.01 e gister ed agent, or both, in the Stal	io? ann 607.1508, Florida Stat le of Florida. Such change was	utes, the abovi s authorized by	eriamed co Lithe corpor	orporation submits this statement for the purpose ation's board of directors. Thereby accept the a	i of changing its registered ppointment as registered
agent Lar	n familiar with, and accept the obti	gations of, Section 607.0505, I	Horida Statutos	š.		
SIGNATURE .					DATE DATE (STATE OF THE PROPERTY OF THE PROPER	
12.	Signature type-diocramine distribution in the distribution in OFF DS DE	ND DIRLCTORS	13.	nt signature req	DATE ADDITIONS/CHANGES TO OFFICERS A	MD DIDECTORS IN 12
TITLE	PSTD	D OUTETE	1.1 3 II LE	··	ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME	TRAMMEL, STEVE		1.2 NAME	}		
STREET ADDRESS 840 13TH STREET			1.3 STREET	Armpese		
CITY-ST-ZIP	LAKE PARK FL 33410		1.4 CITY - S			
TITLE		DELETE	2.1 1IILF	1 . Z.II		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.9 STREET	AUDDESS		
				· I		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 1 3.1 TIFLE	21-21-		Change Additio
NAME		Second - 1 T h - 1	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.5 STREET			/
TITLE		DELETE	41 TILLE			Change Additio
NAME			4. 2 NAME	Ì		/IL
STREET ADDRESS			43 STREFT	ADDRESS	<	11/1///
CITY-ST-ZIP			4.4 CITY - S	1	,	11/4//11
TITLE		DETETE	51 TITLE	, 40	<i>-</i>	☐ Change ☐ Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CHY-S			-90
TITLE		DELETE	6.1 THE	. 411		Change Addition
NAME			6.2 NAME		***150.00	
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY DE TID			6.3 SHILL			

14. 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 trusted 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.

CICNIATI IDE:

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4-1-98 561

561-842-433