## 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 #

P97000075725 (6)

LUCY MULARZ, P.A.

Mailing Address

Principal Place of Business 2505 FALGLER AVENUE

2505 FALGLER AVENUE

## **FILED** May 08 1998 8:00am Secretary of State



4.28.98

KEA MEST LT 33040-6308	KEY WEST FL 33040-63X	KEY WEST FL 33040-6309		. DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 09/01/1997		
2. Principal Place of Business	(1 - 2a. Mailing Address	9 ((->1	4. FEI Number	Applied For	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Roosevell Blu	65-0776117	Not Applicable	
22	27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	7	6. Election Campaign Financing	\$5.00 May Be	
23 Ken West 4	( 28 Key have	st +C	Trust Fund Contribution	Added to Fees	
Zip Countr		Country	8. This corporation owes or has paid the c	urrent year Intangible	
	vide [58] 22040	30 Monroe	Personal Property Tax due June 30.	Yes X No	
<del></del>	ess of Current Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
MULARZ, LUCY		Name			
291 LEO LANE KEY WEST FL 33040-6309		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
NET WEST FL 33040-0	309	63		<del>-</del>	
		84 City	F	85 Zip Code	
agent. I am familiar with, and acc SIGNATURE	cept the obligations of, Section 607.0505, Flo	orida Statutes.	on's board of directors. I hereby accept the ap		
<del></del>	Y FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12	
TITLE FIRST SAN	☐ DELETE	1.1 TITLE		Change Addition	
NAME Laca M	JOCK FA.	1.2 NAME			
STREET ADDRESS	me	1.3 STREET ADDRESS			
CITY-ST-ZIP	· 25-32	1.4 CITY - ST - ZIP			
Tremsurer.	L DELETE	2.1 TITLE		Change Addition	
NAME WELL MAN	Bra, T.B.	2.2 NAME			
STREET ADDRESS CITY-SI-ZIP	-porce -zeralli	2.3 STREET ADDRESS  2. 4 City-St-Zip			
TITLE	DELETE	3.1 TITLE		Change Addition	
NAME (LASSA DITIAL)	CE PA.	3 2 NAME			
STREET ADDRESS	****	3.3 STREET ADDRESS			
CITY-ST-ZIP Kan Lack	C 37040	3.4. CITY - ST - ZIP			
TITLE	L DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME	pectit	5.1 TITLE 5.2 NAME		Change Robition	
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - S1 - ZIP			
TITLE	DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY - S1 - ZIP			
indicated on this annual report or officer or director of the corporati	r supplemental annual report is true <b>and a</b> cc	curate and that my signature	Section 119.07(3)(i), Florida Statutes. I further estall have the same legal effect as if made unred by Chapter 607, Florida Statutes; and tha	under oath; that I am an	