## 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 # P97000077019 (2)

OWNER'S PRIDE, INC.

SIGNATURE:

## FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				a seemben sie ferth seekt eenin dant eents eenit	NOBELL HOOSE MANDEL HAND TOKE INDE
448 SALIFISH-DR SAILFISH 448 SALIFISH DR SA ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32			ILFISH DR		
		THE SELECT IS SEE		DO NOT WRITE IN TH	IS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>09/05/1997</li> </ol>	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3467182	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country .	7ip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
<u> </u>	9. Name and Address of Curren		30	10. Name and Address of New Registers	
RA	ATISTA, JOSE M		81 Name		
		11LF15H			
ATLANTIC BEACH FL 32233				dress (P.O. Box Number is Not Acceptable)	
	DATIO DENOTIFE 02200		83		
			<u> </u>		
			64 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the above-named cor		
office or r	egistered agent, or both, in the State	of Florida Such change was at	thorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
agent la	im familiar with, and accept the obliga	dions of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ages	at and this if any locable	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	BATISTA, JOSE M		1.2 NAME		
STREET ADDRESS	448 SAILFISH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1.4 CITY-ST-ZIP		
TITLE	DVS	DELETE	2.1 TITLE		Change Addition
NAME	SIMOES, JOSE A		22 NAME		
STREET ADDRESS	1167 BOCA GRANDE AVE		23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	SIMORES, MARIA M		3.2 NAME		
STREET ADDRESS	1167 BOCA GRANDE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELE1E	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 supplienced 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