## 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

## P97000081199 (6) DOCUMENT #

LYCHEE-HATCHEE GROVE, INC.

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-{			10 1011 1001	
11328 OKEECHOBEE BLVD. SUITE 5 ROYAL PALM BEACH FL 33411			11328 OKEECHOBEE BLVD SUITE 5 ROYAL PALM BEACH FL 33411			DO NOT WRITE	IN THIS SPAC	DE		
						3. Date Incorporated or Qualified 09/18/1997				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			▲ FELNumber	ســـــــــــــــــــــــــــــــــــــ	Ар	plied For	
21		26	26			65-076797	7	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		Additional	
22		27						Fee Re		
City & State	<del>0</del>	City & State				Election Campaign Financing     Trust Fund Contribution		•	May Be	
<b>23</b> Zip	Country	28   	Zip Country			Trust Fund Contribution				
24	25	29	30			Personal Property Tax due June			] No	
	g, Name and Address of Curre					10. Name and Address of New Registered Agent				
BAUGH, ROBERTA					81 Name					
11328 OKEECHOBEE BLVD., SUITE 5				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)				
	YAL PALM BEACH FL 33411		i			Test Address (1.0. Dox Nambol 18 Not Acceptable)				
				83						
				84	City		. 8	Zip (	Code	
				1	•		FL	1		
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	s authorized	vd b	the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of cha of the appointr	nging its nent as	s registered registered	
SIGNATURE										
				Hegistered Agent signature requ		ad when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	ECTOR	C IN 12	
12.	D OFFICERS AN	DELETE	1.1 70	n F		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	DRYSDALE, NANCY C		1.2 NA				_			
STREET ADDRESS	13650-6TH CT. N.		1.3 STREET		ADDRESS					
CITY-ST-ZIP	LOXAHATCHEE FL 33470		•	1.4 CITY-ST-ZIP						
TITLE	<del></del>	☐ DELETE 2.1						Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP			2. 4 CI	2. 4 CITY-ST-ZIP						
TITLE		L. DELETE	DELETE 3.1 TIT				L	Change	Addition	
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CI		T-ZIP			Change	. Addition	
TITLE NAME			4.1 III 4.2 N				ш'	Jilango	L. AUGIIIOII	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CI							
TITLE		DELETE	5.1 TIX					Change	Addition	
NAME			52 NA	ME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CI	Y-ST	- ZIP					
TITLE		☐ DELETE	61 TH	LE				Change	Addition	
NAME			62 NA	ME						
STREET ADDRESS			63 ST	REET A	address					
CITY-ST-ZIP 6-6  14. I hereby certify that the information supplied with this filing does not qualify for the			6.4 CO			110.07(0)(0)			<del></del>	
<ol><li>14. I hereby c</li></ol>	entity that the information supplied i	vith this filing does not qualify.	for the exe	moti	ion stated in S	section 119.07(3)(i), Florida Statutes. L'	iurtner certify :	mat the	information [	

Indicated on this annual report or supplied with this filling obes not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatic indicated on this annual report is reported 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 12 throughout or or an attachment with an address.