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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

Jun 01 1998 8:00am

Secretary of State

(10/97

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

P97000082710 (9)

444 WHITEHEAD STREET, INC.

Principal Place of Business Mailing Address %402 APPELROUTH LN. %402 APPELROUTH LN. KEY WEST FL 83040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0787652 21 Not Applicable Suite, Apt. #, etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 29 Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLITENICK, RICHARD M 402 APPELROUTH LN. 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 Zip Code City ious 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the Statute of Jorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered to the obligations of, Section 607.0505, Florida Statutes. agent. I am famil SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE WALKER, STEVEN walker, steven NAME 1.2 NAME 46402 APPELROUTH %402 APPELROUTH LN. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 1.4 CDY-ST-7IP KEY WEST, F CITY-ST-ZIP DELETE Change ☐ Addition TITLE 21 THLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREFT ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 101.6 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition 6.1 THE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

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 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 trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.