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 # P9700087139 (6)

JORGE MIGUELS, INC.

FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **8740 SEMINOLE BOULEVARD** 8740 SEMINOLE BOULEVARD SEMINOLE FL 33772 SEMINOLE FL 33772 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 593472363 21 26 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POSNER. JULIE R 221 PAULS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE D 63 **BRANDON FL 33511** 84 City Zip Code Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or proted hame of registeric agost and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HUMMER, GEORGE B NAME 1.2 NAME **10830 VALENCIA TERRACE** STREET ADDRESS 1.3 STREET ADDRESS **SEMINOLE FL 33772** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 THILE Change NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4. CITY-ST-2IP DELETE TITLE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my page appears in Block 12 or Block 13 if obeyond, or on an attachment with an address.

SIGNATURE:

George B. Hummer

4-28-98 398-6100