

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000092530 (9)

1. Corporation Name

TEMPUS FLORIDA CORP.

Principal Place of Business

C/O JEFFREY S. RAYNOR, P.A.  
14155 U.S. HWY ONE, SUITE 304  
JUNO BEACH FL 33408-1499

Mailing Address

C/O JEFFREY S. RAYNOR, P.A.  
14155 U.S. HWY ONE, SUITE 304  
JUNO BEACH FL 33408-1499

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number  
65-0790171

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 123 S. Olive Avenue

2a. Mailing Address  
26 123 S. Olive Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
West Palm Beach, FL

28 City & State  
West Palm Beach, FL

24 Zip  
33401

25 Country  
US

29 Zip  
33401

30 Country  
US

9. Name and Address of Current Registered Agent

RAYNOR, JEFFREY S  
14155 US HWY. 1, STE. 304  
JUNO BEACH FL 33408-1499

10. Name and Address of New Registered Agent

81 Name  
Thomas J. Hickey

82 Street Address (P.O. Box Number is Not Acceptable)  
123 S. Olive Avenue

83

84 City  
West Palm Beach

85 Zip Code  
FL 33401

11. 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

*Thomas J. Hickey*  
signature typed or printed name of registered agent and title in applicable

Thomas J. Hickey, Director

January

1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
D HICKEY, THOMAS J  
STREET ADDRESS  
P.O. BOX 134  
CITY-ST-ZIP  
JUPITER ISLAND FL 33409

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS  
123 S. Olive Avenue

1.4 CITY-ST-ZIP  
West Palm Beach, FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE

*Thomas J. Hickey*

Thomas J. Hickey, Director

January

1998

CR2E034 (10/97)