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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093370 (9)

L.J. CHICK & COMPANY, INC. Principal Place of Business Mailing Address 115 SW 89 WAY 115 SW 89 WAY **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Ζiρ Z(0)8. This corporation owes or has paid the current year Intangible Yes Personal Properly Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHICK, LOWELL J 115 SW 89 WAY Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City Zip Code 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 (NO1£: Registered Agont signature required when reinstating) Stgnature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT/DIRECTOR DELETE Change THLE 1.1 TITLE Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS *330*7/ CITY - ST- ZIP 14 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CHY-ST-ZIP CITY-ST-ZIF DELETE TITLE 3.1 1ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7/P 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change Addition TITLE 61TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 allocation in address. Block 12 or Block 13 if changed, or on an all

64 CITY - ST - ZIP

**FILED** 

Jan 15 1998 8:00am

Secretary of State