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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000099880 (1)

2765 SOUTH CORP.

1998

FILED Apr 28 1998 8:00am Secretary of State



4/24/98

561/221-9984

Principal Place of Business Mailing Address						
800 S.E. MC Stuart fl	ONTEREY COMMONS BLVD., STE. 200 34996	800 S.E. MONTEREY COMMONS BLVD., STE. 200 STUART FL 34998				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 11/20/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		65-0803058	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country		This corporation owes or has paid the city.	
24	25	29	30	<b></b>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		21	10. Name and Address of New Registered	1 Agent
	IFKIN, AVRON C		8	1 Name	,	
800 S.E. MONTEREY COMMONS BLVD., STE. 200				82 Street Address (P.O. Box Number is Not Acceptable)		
STUART FL 34996			L			
			8	3		4
			8	4 City		85 Zip Code
					FI	L   ••
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
agent. I	am familiar with, and accept the obligat	tions of, Section 607.0505, Fi	lorida Statuk	ay the corpora es.	mon's goard or directors, i hereby accept the ap	ipomiment as registered
SIGNATURE						
GIGHTOILE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered A	gent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D, P	☐ DELETE	1.1 TITLE		`.	Change  Addition
NAME	THOMAS P. WILLETT		1.2 NAME			
STREET ADDRESS	1 S.W. Osceola St.,	Suite 1	1.3 STRE	LT ADDRESS		
CITY-ST-ZIP	Stuart, FL 34994		1.4 CITY-	S1-ZIP		
TITLE		OELETE	2.1 TITLE	]		Change Addition
NAME			2.2 NAM	:	•	
STREET ADDRESS	:		2.3 S1RE	E1 ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST- 7IP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	; ]		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- \$T - <b>2</b> IP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS	ş. <b>İ</b> .		4.3 STRE	ET ADDRESS		0
CITY-ST-ZIP			4.4 CITY-	SI-ZIP		1/ /
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME		$\leq$	//
STREET ADDRESS	:		5.3 STREI	ET ADDRESS	$\mathcal{U}$	1/1/20
CITY-ST-ZIP			5.4 CITY-		, (	~ y ~ \{\}
TITLE		DELETE		\$ w	5000025047	Change Addition
NAME		•	6.2 NAME	,	-04/29/98010210	106
STREET ADDRESS				ET ADDRESS	5000025047 -04/29/98010210 ***450.00	= -
CITY-ST-ZIP	6	į	6.4 CITY			
14. Lhereby	certify that the information supplied with	a this filing does not qualify f	or the exem	ntion stated in	Section 119.07(3)(i), Florida Statutes. I further c	pertify that the information
indicated officer or	d on this annual report of supplemental received the rece	annual report is true and according to trustee empowers to	curate and the curate this	hat my signatu s report as req	ure shall have the same legal effect as if made u juired by Chapter 607, Florida Statutes; and that	inder oath; that I am an I my name appears in