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Jun 22 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 # S19509 (6)

1. Corporation Name
D.J. ALMENGUAL & ASSOCIATES, INC.

Principal Place of Business
[redacted] 6705-SPANISH
[redacted] MOSS CR.
TAMPA FL
33625

D J ALMENGUAL C/O
FOX LIFE ASSOCIATES
P O BOX 14146
JACKSON MS 39236-4146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6705-SPANISH MOSS CR.
Suite, Apt. #, etc.
22
City & State
23 TAMPA FL
Zip
24 33625
Country
25 HILLSBORO

2a. Mailing Address
2 D J ALMENGUAL C/O
2 FOX LIFE ASSOCIATES
2 P O BOX 14146
2 JACKSON MS 39236-4146
29 J2bA2 [illegible]

3. Date Incorporated or Qualified
11/27/1990

4. FEI Number
59-3046373
Applied For
Not Applicable

. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
[illegible]ENGUAL C/O [illegible] SS CR.
[illegible] 33625 ASSOCIATES [illegible]
4146
IS 39236-414[illegible]

10. Name and Address of New Registered Agent
81 Nar
82 Stre
83
84 City
D J ALMENGUAL [redacted]
6705 SPANISH MOSS CIR
TAMPA FL 33625
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J ALMENGUAL C/O [redacted] ASSOCIATES [redacted] JACKSON MS [redacted]146 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D.J. ALMENGUAL 6705-SPANISH MOSS CR TAMPA FL 33625 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition [illegible] -06/22/98--01116--048 ***150.00 JV 6.22

CR2E034 (10/97)

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.