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 # \$60077

(2)

	l	'ILEL)
Mar	30	1998	8:00am
Se	cret	tary of	f State

RONAL	.D G. GODWARD, INC.											
Principal Plac	e of Business	Mailing Address				1111						
	JRE ISLE DRIVE	2379 TREASURE ISLE DRI	VE									
WEST PALM BEACH FL 33410 SUITE 26 US WEST PALM BEACH FL 33410					DO NOT WRITE IN THIS SPACE							
03		US US	7410			3. Date I	ncorporated or					_
						06/1	3/1991					_
	Place of Business	2a. Mailing Address				4. FEI No					Applied For	_
21		26				65	0268496				Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certific	cate of Status D	əsired		T	5 Additional Required	
23 8 8(a)	alm Bet Pardens	City's State Beach	,h <	Jock	nS.		on Campaign Fir	_			0 May Be	
Zip	Country	Zıp	Count	ry)		8. This c	orporation owes	or has p	aid the cu	rent year	Intangible	
24	25	29	30				nal Property Tax			Yes	□ No	
	g. Name and Address of Current	Registered Agent				10. Name	and Address of	of New R	legistered	Agent		_
	DWARD, RONALD G.		8	1 Name								
I	79 TREASURE ISLE DRIVE HTE 26		В	2 Street	Addres	s (P.O. Bo	Number is Not	Accepte	able)			
	EST PALM BEACH FL 33410		8	3								
			8	4 City	ala	B	on 6	200	en EL	85 Z	ip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida Such change was au ons of, Section 607.0505, Flori	s, the abo thorized l ida Statut	ve-named by the corp es.	corpor	ration subm n's board o	its this statemer f directors. I her	it for the eby acce	purpose o	f changing ointment	g its registered as registered	t
SIGNATURE	Signature, typed or printed harne of registered agent	Alore	Desired A			when reinstatin			DATE			_
12.	OFFICERS AND		13.	gent signature	required		₀₎ ONS/CHANGES	TO OFF		DIRECT	ORS IN 12	—
TITLE	DP OFFICERS AND	DELETE	1.1 TITLE		Ι	ADDITI	JNS/CHANGES	10 0111	IOCINO MILI	Chang		ın
NAME	GODWARD, RONALD G.	- -	1.2 NAME									
STREET ADDRESS	2379 TREASURE ISLE DRIVE #	26	1.3 STRE	ET ADDRESS		,	_	\sim				
CITY-ST-ZIP	WEST PALM BEACH FL		1,4 CITY		RA	m	BEACH.	(Ja	cders	5		
TITLE		DELETE	2.1 TITLE							Chang	je 🔲 Additio	ın
NAME			2.2 NAMI	£								
STREET ADDRESS			2.3 STRE	ET ADDRESS]							
CITY-ST-ZIP			2. 4 CiTY	-ST-ZIP								
TITLE		DELETE	3.1 TITLE							Chang	e 🔲 Additio	'n
NAME			3.2 NAME	:								
STREET ADDRESS			3.3 STAE	et address								
CITY-ST-ZIP			3 4. CITY	-ST-ZiP								
TITLE		☐ DELETE	4.1 TITLE							Chang	je 🔲 Additlo	'n
NAME			4. 2 NAM	E								
STREET ADDRESS			4.3 STREE	ET ADDRESS	1							-
CHTY-ST-ZIP			4.4 City-	-ST-ZIP	1							- 1

CITY-ST-ZIP

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 appear in 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 slock 13 if chapted, or on an appear with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

SIGNATURE TONING TOMING

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

3 a 198

Change

Change

Addition

Addition