## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (0) AZALEA PARTNERS, INC. Principal Place of Business Mailing Address 1625 GRANGE CIRCLE P.O. BOX 574143 LONGWOOD FL 32750 ORLANDO FL 32857-4143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3092849 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PEREZ, JULIO C. **1625 GRANDE CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) **LONGWOOD FL 32750** 83 84 Zip Code City 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** Signature, typed or profind name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE PEREZ, JULIO C NAME 1.2 NAME 1625 GRANGE CIR. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 1.4 City - ST-ZiP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PEREZ, EVELYN L NAME 2.2 NAME 1625 GRANGE CIR. STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32750 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TILLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Chappe Addition TITLE 6.1 TITLE NAME 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 to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and acculate 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 emphwered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE:

\*\*BULL C | ENEZ | William | 1998 | Ho7-167-2563

STREET ADDRESS

SIGNATURE: