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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V54679

(8)

Mailing Address

PEGGY L. MONTGOMERY ASSOCIATES, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Z-120 DELRAY BCH FL 33483		Z 120 DELRAY BCH FL 33483			DO NOT WRITE IN THIS SPACE		
US	FL 33403	US			3. Date Incorporated or Qualified		
					07/31/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	S.Ocean BWD.	26] 2150 5. Oce.	AN B	LVD	65-0355588		Not Applicable
Suite, Apt.	D	Suite, Apt #, etc. 27 # 40			5. Certificate of Status Desired		Additional Required
City & State 23 DEVE		City & State  28 DELRAY B	each.	FL	S. Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip	Country	71p #21/02	Country	10	8. This corporation owes or has paid the curre		Intangible
24 53	9. Name and Address of Current	29    <b>334  3</b>   3	<u>οι -                                   </u>		Personal Property Tax due June 30.  10. Name and Address of New Registered A		[_] 140
	<del></del>	Togratorou Agorit	81	Name	10.	<u></u>	
STE A201				OOL Charles Adulture (D.O. Davids where in Alex Appropriate)			
				82 Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BCH FL 33483			83				
			84	City	FL	85 Zip	p 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	Signature, typed or printed name of registered agen	Levit title if avolcable (NOT)	Hagistered An	ent signature	e recjuired when reinslating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MONTGOMERY, PEGGY L		1.2 NAME				!
STREET ADDRESS	2150 S. OCEAN BLVD., #40		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-1	ST - ZIP			
TITLE		☐ DELETE	2.1 1ffle			Change	Addition
NAMÉ			2.2 NAME				
STREET ADDRESS			2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-7IP		<del></del>	14.100
TITLE		☐ DELETE	3 1 111LF		٠ ، ١	Change	Addition
NAME			32 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP		PECETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TiTLE		'	change	, LJ Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	5.1 TITLE	S1 - 7(P		Change	e Addition
TITLE		L. J DECERE	5.1 TITLE		1		100000
NAME OTDEET ADDRESS			l .	1 ADDRESS			
STREET ADDRESS							
CITY-\$1-ZIP TITLE		DELETE	5.4 CHY-: 6.1 TITLE	21 - 516,		Change	e Addition
		L. Diceie	6.2 NAME		,		
NAME ETREET ADDOCCC				r address			
STREET ADDRESS			6.4 CITY-				
CITY-ST-ZIP	l		D.4 GIIT	31-71r	1		

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 in an attachment with an address.

PEGGY / MANTGAMERY