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

CLIMATERIT #

	F	FILED)
Mar	18	1998	8:00am
Se	cret	tary o	f State

*	NAME OLOR CORPOR	RATION Mailing Addres						
		-						
P. O. BOX 7		604 Brevard P. O. Box 70						
COCOA FL 32923-0070		COCOA FL 32			DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
		······································			06/27/1968		r	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2s. Mailing Add	ress		4. FEI Number	ļ	Applied For	
		26 Suite, Apt. #	etc		59-1218387	- ¢9.7	Not Applicable \$8.75 Additional	
22	., 0.0.	27	. 5.0.		5. Certificate of Status Desired		Required	
City & State)	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23		2B			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Co	ountry	8. This corporation owes or has pe	ald the current year	Intangible	
24	25	29	30		Personal Property Tax due June		□ No	
		of Current Registered Agent	٠٠	81 Name	10. Name and Address of New Re	egistered Agent		
	AFT, THOMAS R.			81 Name	•			
	75 N. INDIAN RIVER DR			82 Street Ac	ddress (P.O. Box Number is Not Acceptal	ble)		
CC	COA FL 32953			83				
				84 City		— 85 Z	ip Code	
SIGNATURE				above-named corporatutes.	orporation submits this statement for the eration's board of directors. I hereby acce		g its registered as registered	
SIGNATURE	Signature, typed or printed name of re			above-named corporatures.	orporation submits this statement for the pration's board of directors. I hereby accessories when reinstating. ADDITIONS/CHANGES TO OFFICE.	purpose of changing the appointment		
SIGNATURE	Signature, typed or printed name of re OFFIC	egistered agent and little it applicable CFRS AND DIRECTORS	(NOTE Register	above-named corporatures.	iquired when reinstating)	purpose of changing the appointment	ORS IN 12	
SIGNATURE	Signature, typed or protest name of re OFFIC PRES KRAFT, THOMAS R	egistered agent and little # apobicable CFRS AND DIRECTORS	(NOTE Register 13 ELETE 1.1	above-named cored by the corporatutes.	iquired when reinstating)	purpose of changing the appointment DATE CERS AND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or protest name of re OFFIC PRES KRAFT, THOMAS R 4275 N INDIAN RIVE	egistered agent and little # applicable CFRS AND DIRECTORS	(NOTE Register 13 ELETE 1.1 12 13	above-named cored by the corporatules. In a Agent eignature re In the NAME STREET ADDRESS	iquired when reinstating)	purpose of changing the appointment DATE CERS AND DIRECT	ORS IN 12	
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Indicated on this annual report or supplies with this rining does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplies that it 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, on an attachment with an address.

SIGNATURE:

3-11-98