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 #

(0)

FILED

Apr 14 1998 8:00am

Secretary of State

GENER	ial memo	DRIALS INC						
Principal Plac	e of Busines	s	Mailing Address					
11420 PALM BEACH BLVD. FT MYERS FL 33905			11420 PALM BEACH BLVD. FT MYERS FL 33905					
US			US				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
2. Principal P	lace of Busin	noss	2a, Mailing Address				02/06/1969 4. FEI Number Applied For	=
21			26				59-1232708 Not Applica	\dashv
Suite, Apt. #, etc.			Suite, Apt. #, etc.				S8 75 Additional	
22			27				5. Certificate of Status Desired Fee Regulred	
City & State			City & State				6. Election Campaign Financing\$5.00 May Be	
23			Zip Country				Trust Fund Contribution Added to Fees	\dashv
Ζιρ	├ ─┐ ′		Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24			29 30		1		Personal Property Tax due June 30. Yes No	
g, Name and Address of Current Registered Agent					81	Name	In' Harrie and versions of trans traditions on what	\dashv
LETTER, ERIC T. 11420 PALM BEACH BLVD.								
					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FT MYERS FL 33905					83			\neg
						<u> </u>		
					84	City	FL 85 Zip Code	
11. Pursuant office or r agent. La	to the provis registered ag im familiar w	ions of Sections 607.050 pent, or both, in the State ith, and accept the oblig	02 and 607.1508, Florida of Florida Such change pations of, Section 607.05	Statutes, the a e was authorize 505, Florida Sta	above ed by	named corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	ed d
SIGNATURE								
	Signature, typod	or printed name of registered ag-				nt signature requi	ulred when reinstaling) DATE	_
12.	PD	OFFICERS AN	ID DIRECTORS	13. TE 1.11			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Change Additional Change Additional Change Additional Change Additional Change Change Additional Change Chan	100
NAME		MADICA						1011
NAME GROFF, MARISA STREET ADDRESS 18990 SERENDA CT NE				1.2 NAME 1.3 STREET ADDRESS		*DDDECC		
CITY-ST-ZIP ALVA FL 33920					1.4 City-St-Zip			
TITLE	VO	. 55920	DELE			r-zar	☐ Change ☐ Addit	tion
NAME	1	, ERIC T.			IAME			
STREET ADDRESS		ALM BEACH BLVD.				ADDRESS	And the Control of th	
CITY-ST-ZIP						T - ZiP	en e	
TITLE	STD		☐ DELE	DELETE 3.11		-	Change Addit	ion
HAME	LETTER, ERIC T.			3.2 N				
STREET ADDRESS				3.3 S		ADDRESS		
CITY-ST-ZIP	FT MYE	RS FL		3.4.	CITY-S	T-ZIP		
TITLE			☐ DELE	TE 4.1 T	ITLE		Change Addit	ion
NAME				4. 2	NAME			
STREET ADDRESS				4.3 STREET		ADDRESS		
CITY-ST-ZIP	- ZIP			4.4.04		T-ZIP		
TITLE			LJ DELE	DELETE 5.1 TITLE			Change Addit	ion
NAME					IAME			
STREET ADDRESS				5.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	ļ				HTY - \$1	T-ZIP		
TITLE	1		DELE				Change Addit	on
NAME					AME			[
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	Certify that th	e information supplied w	with this filling dose not a		ITY-SI		n Section 119 07/3Vi) Florida Statutes I further cartify that the information	

Indicated on this annual report or supplied with this litting does not quality 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 shalf 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.

SIGNATURE: