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CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1998 8:00am Secretary of State

	JMENT # 40 FON VALLEY PARK, IN		(3)					
Principal Pla	ice of Business	Mailing	Address			I SABIST BERGE BOSTS BERGE SOLD BEST RES	LIN AJENL OLANI ALAH	BIÐIN ÆIÐIN (MÐ)
808 PARK AVE DE LEON SPRINGS FL 32130			808 PARK AVE DE LEON SPRINGS FL 32130					
		DE LE				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						07/06/1972		
2. Principal	Place of Business	2a. Mar	ling Address			4. FEI Number		Applied For
21		26				59-1399532		Not Applicable
Suite, Ap	t.#, etc.	- -¬	te, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
22 City & St.	ate	[27]	& State			a Flactice Correction Financiae		
23	3.0	28	G CAMO			6, Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Ζφ.		Country	у	8. This corporation owes or has paid the		
24	25	29		30		Personal Property Tax due June 30.	☐ Yes	□ No
		s of Current Registered	d Agent			10. Name and Address of New Regist	ered Agent	
_	CHULER, RICHARD W			81	Name			
	08 PARK AVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ELEON SPRS, FLA	400			ļ			
D	eleon springs fl 32	130		83	`[
				84	City		FL 85 Z	p Code
		ons 607.0502 and 607.15 in the State of Florida. S of the obligations of, Sec	508, Florida Stat juch change was chon 607,0505, I	lutes, the abov s authorized b Florida Statute	ve-named cor by the corpora s.	rporation submits this statement for the purpation's board of directors. I hereby accept th	ose of changing e appointment	g its registered as registered
SIGNATURE	Signature, typed or per test near e o	t registered argent and let entrappe	Value (N	OTE Registered Ag		uired when reinstating) C	DATE	
	Signature, typed or peal to treat it of the COFF	Legiziest injest and the diagra TCEHS AND DIRECTOR	Value (N				DATE	OR\$ IN 12
SIGNATURE	Stymature, typed or per test complete OFF DV SCHULER, JEANE (Legiziest injest and the diagra TCEHS AND DIRECTOR	Valde (Ni ₹S	OTE Registered Ag	ent signature requ	uired when reinstating) C	S AND DIRECT	OR\$ IN 12
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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 of the receiver or troslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it or or an attackness with an address.

GNATURE:

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