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 #

Principal Place 517 DELTON SUITE C DELTONA FL	A BLVD	Mailing Address 517 DELTONA BLVD SUITE C DELTONA FL 32725			DO NOT WRITE IN	
US		US			3. Date Incorporated or Qualified	
					11/05/1973	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21		[26]		59-1513823	Not Applicable	
Suite, Apt. #, etc		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be
13	•	28			Trust Fund Contribution	
Zip	Country	7ip	Co	untry	8. This corporation owes or has paid th	
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
<u></u>	9. Name and Address of Curre		15.71	T	10. Name and Address of New Regist	ered Agent
KE	NT, STANTON M.			81 Name		
	B ROSETTA DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
DELTONA FL 32725				02 3 66 A	Address (P.O. Box Number is Not Acceptable)	
-				83		
				B4 City		EI 85 Zip Code
SIGNATURE	m familiar with, and accept the oblig	perat arrichtiller it sig galan stale	(NOTE: Begister	ed Agent signature r	· · · · · · · · · · · · · · · · · · ·	ATE
12.		ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST OTALTON M	☐ DECETE		TITLE		Change Addition
NAME	KENT, STANTON M			NAME		
STREET ADORESS	998 ROSETTA DR		4	STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000	Ditte		CITY-ST-ZIP		Change Addition
TITLE	D CTANTONIA	☐ DELFTE		TITLE		Change Addition
NAME	KENT, STANTON M.			NAME		
STREET ADDRESS	998 ROSETTA DR		- 1	STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000	X DELETE		CITY-S1-ZIP	1,	X Change Addition
TITLE	PARKHURST, HARLEY J.	LA DELETE		TITLE	CHILIUANI OYENDONALD	TAT CHANGE TO MORROW
NAME	229 ALTA VISTA ST.			NAME	SULLIVAN, OWENDOLYN B.	
STREET ADDRESS	DEBARY FL			STREET ADDRESS	1917 Monterey Dr.	
CITY-ST-ZIP	DEDANT FL	DELETE		CITY-ST-ZIP	Deltona, FL 32738	Change Addition
TITLE		L_1 0/11 (1) (1	TITLE		C CHANGE C ADDITION
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		DELFTE		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		ריי מנוגונ	1	IFTLE		LI Change LI Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		TT borese		CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.11	IITLE		The custoffs The Vocation

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 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 trustoe 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:

CITY-ST-ZIP

1 30/98 (407)860-6100

FILED

Feb 10 1998 8:00am

Secretary of State