## 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

1	MENT # 516039 ATIONAL PROPERTY SERV	• •				
Principal Place of Business Mailing Address						
101 N.E. FIRST AVE. OCALA FL 34470-6655		101 N.E. FIRST AVE. OCALA FL 34470-8655			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal Place of Business		T As I Asia as A decision			10/07/1976 4. FEI Number   Applied For	
21		2a. Mailing Address	26 Maining Address		4. FEI Number Applied For 59-1706483 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22 27		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	0 - 1	-	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Currer		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
DIV			81	Name		
RUDNIANYN, JOHN S					A Addition (D.O. Dr. Atturbush May Associated)	
101 NE 1ST AVE OCALA FL 34470			62	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	3		
1			84	City	<b>85</b> Zip Code	
1				•••		
SIGNATURE				_	d corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered age	ent and title if applicable (NOTE D DIRECTORS	Registered Ac	jent signatu	ze required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS OFFICERS AIN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RUDNIANYN, JOHN S		1.2 NAME			
STREET ADDRESS	101 NE 1ST AVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		1.4 CITY-			
TIFLE		DELETE	2.1 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	<u> </u>		2.4 CITY-	ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE .		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS	;	
CITY-ST-ZIP		Documen	3.4. CITY-		T Change T Addition	
TITLE		L) DELETE	4.1 TITLE		Change Addition	
NAME STREET ADDRESS			4. 2 NAME		.	
STREET ADDRESS				T ADDRESS	' ]	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE		Change Addition	
NAME		_ ~~~	5.2 NAME		Commy C Padditor	
STREET ADDRESS				T ADDRESS	,	
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE		Change Addition	
[		<u> </u>	CONME			

14. I hereby certify that the information supplied with this filling 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 changing or on an attachment with any doress.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

**FILED** 

Mar 23 1998 8:00am

Secretary of State