FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # 537736 Trial Park Development					
Principal Place of Business		Mailing Address		- I INCHRI BANDE BAND INCHE INCHE BAND BAND BAND BAND	EEF DIMIN OFTON OLDIN OLDIN	
200 E. ROBINSON STREET SUITE 920 ORLANDO FL 32901 US		200 E. ROBINSON STREET SUITE 920 ORLANDO FL 32801 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
~		•		06/22/1977		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-1784611		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	6	City & State		5 Station Council State State State		··
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	8. This corporation owes or has paid t		
24	25	29	30	Personal Property Tax due June 30.] No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	tered Agent	
BARKER, EARL M., JR. 334 E. DUVAL ST. JACKSONVILLE FL 32202			81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
J			64 City		85 Zip C	Code
L			1 1	rporation submits this statement for the purp	FL	
agent. I a SIGNATURE	im familiar with, and accept the oblig Signature typed or pented name of ingistered ago OFFICERS AN	int and title if applicable (NC	DTE Registered Agent signature reg	ation's board of directors. I hereby accept if ured when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE.	
TITLE	DVST	☐ DELETE	1.1 TITLE		Change	Addition
NAME	WEBB, WILLIAM C JR		1.2 NAME			
STREET ADDRESS	1300 NW 167TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL 33169	- Dougra	1.4 CITY - ST - ZIP			
TITLE	AS SHOULD BETTER	∭ D€LETE	21 TITLE		∟ Change	☐ Addition
NAME	ENGLEHART, BERTHA 1300 NW 167TH ST		2 2 NAME			
STREET ADDRESS	MIAMI FL 33169		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ASD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition
NAME	BARKER, EARL M., JR.		3.2 NAME			
STREET ADORESS	334 E. DUVAL ST.		3.3 STREET ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL 32202		3.4. CITY-ST-ZIP			
TITLE	PD	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	WEBB, DANIEL B	•••	4. 2 NAME			ļ
STREET ADDRESS	200 E. ROBINSON STREET #	850	4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801	DELETE	4.4 CITY - ST - ZIP		Change	Addition
TITLE NAME		ן וונינונ	5.1 TITLE 5.2 NAME		[_J CHANGE	LI AUDILION
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST- ZIP			
TITLE	110.00	DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		-	}
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 DITY-ST-ZIP			

14. Thereby 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 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 furstee enjoyee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged for on an attachment with an address

3/19/98

FILED

Apr 24 1998 8:00am

Secretary of State

402.241.1414