## 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 #

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Mar 31	1998	8:00am
Secret	tary of	f State

Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  City & State  28  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Trust Fund Contribution Added to Fees  Country  Added to Fees  Country  Country  Country  Suite, Apt. #, etc.  Fee Required  Fee Required  For Required  Fee Required  Fee Required  Fee Required  For Required  For Required  Fee Required  Fee Required  Fee Required  Fee Required  For Required  Fee R
SOI S E 13TH PLACE CAPE CORAL FL 33990-3006  2. Principal Place of Business 2a. Marling Address 2b. Marling Address 2c. Marlin
CAPE CORAL FL 3890-3006  2. Principal Place of Business  2a. Maring Address  2b. Maring Address  2c. Maring Address  4. FEI Number  4. FEI Number  4. FEI Number  5. Certificate of Status Desired  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  7. Trust Fund Contribution  7. Added to Fees  7. Country  7. Country  7. Country  8. This corporation owes or has paid the current year Intangible  Personal Property Tax due June 30.
2. Principal Place of Business 2. Marling Address 4. FEI Number Applied For Not Applied For Replace Applied For Information Not Applied For Interest For Additional Fee Required Personal Free Required Personal Property Tax due June 30. Set Added to Fees No Added to Fees Not Applied For Replace Applied Statutes Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0509 Fiorida Statutes Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0509 Fiorida Statutes Street Address (P.O. Box Number is Not Acceptable)  S
2. Marting Address
22 Suite, Apt. #, etc.  Suite,
Suite, Apt. #, etc.    Suite, Apt. #, etc.
27 City & State Ci
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  MORRISSEY, DANIEL 603 S.E. 20TH COURT CAPE CORAL FL 33990  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or proled name of registered agent and lifter if applicable (NOTE Registered Agent signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE
Zip Country Zip Country
25 29 30 Personal Property Tax due June 30. 9s No  9. Name and Address of Current Registered Agent  MORRISSEY, DANIEL 603 S.E. 20TH COURT CAPE CORAL FL 33990  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL City  84 City  85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or profiled name of registered agent and line if applicable (NOTE Registered Agent signature required when reinstating)  DATE  11. TITLE  DELETE 1.1 TITLE  Change Addition
MORRISSEY, DANIEL 603 S.E. 20TH COURT CAPE CORAL FL 33990  81 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 B4 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, a m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or provision and interest and line if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  PD DELETE  1.1 TITLE  1.2 Change  Addition
MORRISSEY, DANIEL 603 S.E. 20TH COURT CAPE CORAL FL 33990  B4 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or profiled name of registered agent and lifter if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  PD DELETE  1.1 TITLE
## Street Address (P.O. Box Number is Not Acceptable)  ## City  ## City  ## City  ## City  ## Example of Provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature Signature to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature to the provisions of Sections 607.0506 and 607.0505, Florida Statutes.  ### Signature to the provisions of Sections 607.0506 agent and life if applicable (NOTE Registered Agent signature required when reinstating)  ### DATE  ### DATE  ### In Title
CAPE CORAL FL 33990  B3  B4 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or profiled name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE PD DELETE 1.1 TITLE
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STREET ADDRESS 6.3 STREET ADDRESS 6.4 STREET ADDRESS
6.4 CITY-ST-ZIP  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 supplied with the information indicated on this supplied entire the proof of

indicated on this annual report or supplemental annual report in 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 trustee impowered 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 attainment with a address.

SIGNATURE:

3/26/08

1-941-574-4500