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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F360

(7)

DIVIENT # F36054

## Secretary of State

**FILED** 

Apr 02 1998 8:00am

Principal Place of Business  Mailing Address PO NULCAN RD. P.O. BOX 90736 ORLANDO.F L 32800 ORLANDO.F
Too VULCAN RD   P.O. BOX 807988   CRLAMPO,F L. 32890   S. Date Incorporated or Quartified   O5/22/1981   S. Date Incorporated or Quartified   O5/22/1981   Applied For   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.
2. Principal Place of Business   2a Mailing Address   4. FEI Number   Applied For   21   25   5. Suble   4. FEI Number   Applied For   22   5. Suble   4. FEI Number   Applied For   23   5. Cartificate of Status Desired   58.75 Additional   24   77   70   5. Cartificate of Status Desired   58.75 Additional   25   77   70   70   70   70   70   26   70   70   70   70   70   70   27   70   70   70   70   70   70   70   28   70   70   70   70   70   70   70   7
2. Pincipal Place of Business   2. Mailing Address   4. FEI Number   592090731   Application
Sulte, Apt #, etc.
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.
City & State
Zip   Country   Zip   Country   Zip   Country   Zip
24
9. Name and Address of Current Registered Agent  HELLER, B.J.  116 E. CONCORD STREET ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83   84
HELLER, B.J. 116 E. CONCORD STREET ORLANDO FL 32801  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 P4 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 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, I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes.  SIGNATURE Signature, bywind or pricred name of registered agent and talled applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MAROSCHAK, MICHAEL 2417 FOXWOOD COURT APOPKA FL  13. SIREET ADDRESS STREET ADDRESS APOPKA FL  DELETE 3.1 TITLE 3.2 MAME 3.3 STREET ADDRESS APOPKA FL  Change Addition Addition Addition AMME STREET ADDRESS
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and this, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature byend or pricted name of registered agent and title if application 607.0505, Florida Statutes.  ITILE  PST  MARC STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  1.2 NAME  MAROSCHAK, MICHAEL  22 NAME  SIRRET ADDRESS  CITY-ST-ZIP  MAROSCHAK, MICHAEL  22 NAME  MAROSCHAK, MICHAEL  22 NAME  SIRRET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.2 SIRRET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 TITLE  DELETE  3.4 Addition  APOPKA FL  TITLE  DELETE  3.5 TITLE  DELETE  3.1 TITLE  DELETE  3.2 NAME  3.3 STREET ADDRESS
ORLANDO FL 32801  83  84 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, I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rehatstrag)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  MAROSCHAK, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  APOPKA FL  1.4 CITY-ST-ZIP  DELETE  1.1 TITLE  DELETE  1.2 TITLE  DELETE  2.1 TITLE  DELETE  3. TITLE  Change  Addition  ARGOSCHAK, MICHAEL  2.2 NAME  STREET ADDRESS  2.4 CITY-ST-ZIP  TITLE  DELETE  3. TITLE  Change  Addition  Addition  AME  STREET ADDRESS  3. STREET ADDRESS
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title (if applicable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PST DELETE 1.1 TITLE  MAROSCHAK, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE  MAROSCHAK, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE D DELETE 3.1 TITLE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  3.3 STREET ADDRESS
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TITLE PST DELETE 1.1 TITLE 1.2 NAME  NAME STREET ADDRESS CITY-ST-ZIP APOPKA FL 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP APOPKA FL 2.2 NAME  STREET ADDRESS CITY-ST-ZIP APOPKA FL 2.3 STREET ADDRESS CITY-ST-ZIP APOPKA FL 2.4 CITY-ST-ZIP  TITLE D Change Addition  DELETE 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP APOPKA FL 2.4 CITY-ST-ZIP  TITLE D DELETE 3.1 TITLE 1.5 Change Addition  NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS
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TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64C TY-ST-ZIP 64C TY-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

4. 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 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 receivering trusted 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.

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