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. Corporatio	Y & ASSOCIATES, INC.	7 (9)				
Principal Plac	e of Business	Mailing Address				01014 01011 01014 01014 1001
37 CARRIAGE CREEK WAY ORMOND BEACH FL 32174		37 CARRIAGE CREEK WAY ORMOND BEACH FL 32174		DO NOT WRITE IN THIS :	2DAGE	
					Date Incorporated or Qualified 01/10/1984	OF AGE
2. Principal P	2a. Mailing Address	, Mailing Address		4, FEI Number	Applied For	
21		26			71-0744476	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23		28			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes or has paid the cur	
24	25	29	30			Yes No
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
	rley, stephen L			81 Name		
37 CARRIAGE CREEK WAY ORMOND BEACH FL 32174				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
UMMUND BEACH PL 321/4			B3			
						12-1-2-0
			84 City	FL	85 Zip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga-	2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, f	utes, the a s authorize Florida Sta	bove-named co d by the corpor tutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
OIOINATOILE	Signature, typed or printed name of registered ago		DTE. Registere	d Agent signature req	puired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	CPS Marley, Stephen L.	☐ DELETE	1.1 T	1		Change Addition
NAME OTOGET ADDRESS	37 CARRIAGE CREEK WAY		1.2 N			
STREET ADDRESS CITY-ST-ZIP	ORMOND BEACH FL 32174			TREET ADDRESS ITY-ST-ZIP		
TITLE	8D	DELETE	2.1 1			Change Addition
NAME	MARLEY, RUTH A	—	2.2 N	ſ		- · ·
STREET ADDRESS	37 CARRIAGE CREEK WAY		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		2 4 0	ITY-ST-ZIP		
TITLE		DELETE	3.1 1	TLE		☐ Change ☐ Addition
NAME			3.2 N			
STREET ADDRESS			3.3 S	TREET ADDRESS		{
CITY+ST-ZIP		Document		ITY-SI-ZIP		D 0
TITLE		L DELETE	4.1 11	1		☐ Change ☐ Addition
NAME OTDECT ADDRESS			4.26			
STREET ADDRESS				TREE1 ADDRESS		1
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C	TY-ST-ZIP		Change Addition
NAME			52 N	ſ		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				ITY ST-ZIP		
TITLE		DELETE	6.1 71			☐ Change ☐ Addition

14. Thereby 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 changed, or on an attachment with an address.

SIGNATURE:

6.2 NAME

NAME

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 22 1998 8:00am

Secretary of State