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

PROFIT **CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G85199

(9)

CHARLES R. STEINBERG, P.A.

FILED
Feb 02 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									4 sagriri mags imims diras	11619 16119	(\$11 Q1E11 D1Y1	61811 91911 9191	(1 B1811 1881
135 W. CENTRAL SUITE 720 ORLANDO FL 32801			S	135 W. CENTRAL SUITE 720 ORLANDO FL 32801					DO NOT WRITE IN THIS SPACE				
US US									3. Date Incorporated or	' Qualified	1		
9 Principal Pl	lace of Busin	ness	20	, Mailing Address					02/13/1984 4. FEI Number				pplied For
2. Principal Place of Business				26					59-2368352			<del>  </del>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status I	Denkod		\$8.75	Additional
22				27					6. Certificate of Status (			Fee R	equired
City & State				City & State				İ	6. Election Campaign Financing \$5.00 May Be				
23				28 Country				Trust Fund Contribut				to Fees	
Zip Country			29	7ip Country 30			,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24 25 Q. Name and Address of Curren								10. Name and Address of New Registered Agent					
STEINBERG, CHARLES R													
135 W. CENTRAL							Street	Address	s (P.O. Box Number is N	at Accept	able)		<del></del>
<del>#1000</del>						82	135	ļ	N. Gadral	7	<u> 470</u>	<u> </u>	
ORL	LANDO FL	32801				83							
						84	City				FL	<b>85</b> Zip	Code
11 Private	lo the provis	ions of Sections 607 (	1502 and 6	07 1508 Florida S	latules the	ahovi	e-named	COLDORS	ation submits this stateme	ent for the	nurnase	of changing i	ts registered
office or re	egistered ac	gent, or both, in the St ith, and accept the ot	ate of Flori	ida. Such change v	vas authori.	zed by	y the corp	poration	's board of directors. I he	ereby acc	cept the ap	pointment as	registered
	m isamular w	ith, and accept the or	ingations o	or, section our obje	), FIUHUA 3	iaiuioi	ъ.						
SIGNATURE	Signature, types	for printed name of registered	agent and titk	ol applicable	(NOTE: Registe	ored Age	ent signature	w beniupan	when reinstating)		DATE		
12.		OFFICERS	AND DIRE		1:	3.		,	ADDITIONS/CHANGE	S TO OFF	FICERS AN		
TITLE	PD			[_] DELETE	: 1.º	TITLE						L.J. Change	Addition
NAME		ERG, CHARLES R					1.2 NAME						
STREET ADDRESS							1.3 STREET ADDRESS						
CITY-ST-ZIP	ORLAND	)U FL		DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		ļ				Change	Addition
TITLE												change	Addition
NAME						NAME	T ADDRESS						
STREET ADDRESS						4 ÇITY-:	ADDRESS						
CITY-ST-ZIP TITLE				DELETE		TITLE	31-ZIF					Change	Addition
NAME						NAME						,	
STREET ADDRESS							ADORESS						
CHY-ST-ZIP						. СПҮ-							
TITLE	~	<del>,</del>		DELETE	4.1	TITLE						Change	Addition
NAME					4.	2 NAME							
STREET ADDRESS					4.3	STREET	ADDRESS						
CITY-ST-ZIP						CITY-S	ST - ZIP						
TITLE	· <del></del>			☐ DELETE	5.1	TITLE		}				☐ Change	Addition
NAME						NAME							
STREET ADDRESS					5.3	STREET	ADDRESS						
CITY-ST-ZIP		***				CITY-S	S1 - ZIP	ļ				06.000	Addic
TITLE				DELETE		TITLE						Change	Addition
NAME						? NAME							
STREET ADDRESS					6.3	STREET	ADDRESS	1					

14. 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 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.

6.4 CITY - ST - ZIP