## 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

**FILED** Apr 20 1998 8:00am Secretary of State

DOCU 1. Corporation		# H930(	05	(7)						
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1										
Principal Place of Business				Mailing Address				-{		
13825 US 19				P. O. BOX 5593						
SUITE 301				HUDSON FL 34674-5593						
HUDSON FL 34667				US				DO NOT WRITE IN THIS SPACE		
08								3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				12/30/1985 4. FEI Number Applie	d Con	
21				26				The state of the s	opticable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				¢0.75	<del></del>	
22				27				5. Certificate of Status Desired Fee Require		
City & State				City & State				6. Election Campaign Financing \$5.00 May	y Be	
23			28					Trust Fund Contribution	ees	
Zip	Country		-	<del>-</del> ,		Country		8. This corporation owes or has paid the current year Intangi		
24 25 29 9. Name and Address of Current Registered Agent					30			Personal Property Tax due June 30. Yes No	)	
							Name	10. Name and Address of New Registered Agent		
ERIC BRANCH 13825 U.S. 19, STE.301						2				
HUDSON FL 34667							Street Addre	dress (P.O. Box Number is Not Acceptable)		
1	50011121		83				-			
					-	4	0			
						4	City	FL 85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>							named corpo	oration submits this statement for the purpose of changing its re-	gistered	
agent. I a	m lamiliar w	ith, and acceptane ob	igations o	f, Section 607.0505, Fl	aumorized orida Statul	Oy OS.	tne corporation	on a board of directors. I hereby accept the appointment as regi	stered	
SIGNATURE	XMI	CUL	Zraa	ed Eric	c Arl	3,	ranch	President V 1/30/98		
10	Signalure typed	or printed name of registered OFFICERS				gen	t signature require	ed when reinstating) DATE		
12.	PD	OFFICERS	AND DIRE	DELETE	13.	:	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change	1 12 Addition	
NAME	BRANCI	4 FRIC			1.2 NAM			Criange	) Addition	
STREET ADDRESS	STREET ADDRESS 13825 U.S. 19, STE. 301						ODRESS		•	
CITY-ST-ZIP	14156611 61									
TITLE	SD			DELETE	1.4 City-St-ZIP 2.1 Title			Change	Addition	
NAME	BRANCH, CARON A.					2.2 NAME				
STREET ADDRESS	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			2.3 \$			DORESS			
CITY-ST-ZIP	-ZIP HUDSON FL						- 21P			
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City-St-ZiP 6.4					6.4 CITY					
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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 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.