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 # 1. Corporation Name

J97783

(1)

FILED

May 19 1998 8:00am

Secretary of State

Principal Plac	of Business	Mailing Address	·····		
C/O ORIGIFAL MATONIS 3551 EDGEWATER DRIVE ORLANDO FL 32804-2821		C/O DAMPLE MATONIS 3551 EDGEWATER DRIVE		DO NOT WRITE IN TI	HIS SDACE
UNDANDO PL	329U4-2821	ORLANDO FL 32904-2921		3. Date Incorporated or Qualified	III BI ACE
				10/19/1987	
	lac e o f Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.		59-2858663	Not Applicable
22 Soile, Apr.	π, θic.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Currel		30	Personal Property Tax due June 30.	Yes No
سياده سيد		ut negisteren Agent	81 Name	10. Name and Address of New Register	red Agent
MARCY MATTER DO				TOAN B. MATONIS	
ORLANDO FL 32804			62 Street Add	ress (P.O. Box Number is Not Acceptable)	UE
			83	24-45-23	
			84 City	2	
		·			-L 32804
11. Pursuant office or r	to the provisions of Sections 607.050 ogistered agent, or both, in the State	02 and 607.1508, Flor ida Sta tute: : of Horida: Such cha nge was au	s, the above-named corp uthorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familia with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		lasles
SIGNATURE	Spring Typed or printed Training of Legisterical arp	ert and tile 1 app cable (NOTE:	AN B.MAT Bogistered Agent signature requi		127/75
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DVS	☐ DELETE	1.1 THTLE	DPV37	Change Addition
NAME	MATONIS, JOAN B.		1.2 NAME		
STREET ADDRESS	3551 EDGEWATER DR. ORLANDO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNLIMIDO FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		C Change C Addition
STREET ADORESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-SI-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TATLE		DELETE	4.1 TOTLE		Change Addition
NAME REPORT LONDOCCO			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	·	DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I nereby 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 suppliemental 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 of the receiver or 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 other attachment with an attachment with an attachment.