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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50138

(2)

FILED
Apr 14 1998 8:00am
Secretary of State

| Principal Prace | AALL S. ADLER, P.A. | Mailing Address | | | |
|---|---|--|--|---|---|
| 430 N MILLS AVE. STE 1000 ORLANDO FL 32803 | | 430 N MILLS AVE. STE 1000 ORLANDO FL 32903 | | | |
| | | | | DO NOT WRITE IN TH | IIS SPACE |
| ٠ | | | | 3. Date Incorporated or Qualified | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 12/08/1988 4. FEI Number | |
| 21 | ace of business | 26 26 | | 59-2922394 | Applied For Not Applicable |
| Suite, Apl. | #, elc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State |) | 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 9. Name and Address of Curre | | 10 | Personal Property Tax due June 30. 10. Name and Address of New Registere | Yes No |
| 11, Pursuant t | to the provisions of Sections 607.05 | .02 and 607.1508, Florida Statutes | 84 City | Proporation submits this statement for the number | 85 Zip Code |
| agent. I ar SIGNATURE 12. TILLE | m familiar with, and accept the obty Signature hyperter protect name of regisser for OFFICE HS AF | gations of, Section 607.0505, Flori | da Statutos Registered Agent signatire registeres 13. 1.1 TRUE | rporation submits this statement for the purpose alien's board of directors. I hereby accept the a sured when uninshing) ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| agent. I ar SIGNATURE | Signature typester protest name of regisses the D OFFICE HS AF ADLER, DEBRA S. | gations of, Section 607.0505, Flori gent and Med apply star (MOUL) ND DIRECTORS | da Statutos Brogistinist Agent Eignahire reda 13. 1.1 Till E 1.2 NAME | wired when reinstalling) DATs | AND DIRECTORS IN 12 |
| agent. I ar SIGNATURE 12. TITLE NAME | Signature typest of pinded name of regioner the OPTO OFFICE HS AP D ADLER, DEBRA S. 1949 XREEKS 82419 DR X | gations of, Section 607.0505, Flori gent and Med apply star (MOUL) ND DIRECTORS | da Statutos Registroret Agent Eignabire registroret 13. 1.1 TILLE 1.2 NAME 1.3 STREFT ADDRESS 1 | pured when reinstalleg) DATE ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS IN 12 |
| agent. I ar SIGNATURE 12. TILLE NAME STREET ADDRESS | Signature typest of pinted name of regionse the OPTO HS AP D ADLER, DEBRA S. 1949 XRBEKS BEND DRX: XASSELDERRY XXXX D | gations of, Section 607.0505, Flori gent and Med apply star (MOUL) ND DIRECTORS | da Statutos Registroret Agent Eignabire registroret 13. 1.1 TILLE 1.2 NAME 1.3 STREFT ADDRESS 1 | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 Change Addition |
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14. 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 eath, 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 or my attachment with an address.
Application. The corporation of the corpo

CONTRACTOR OF MICH

1/7/00

407/649-5522