FILÉ 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 May 13 1998 8:00am Secretary of State

i '	MENT on Name EQUITY (# K836 CORPORATION		(2)							
Principal Place of Business				Mailing Address							
P.O. BOX 940658			p	P.O. BOX 940658							
MAITLAND FL 32794-0658				MAITLAND FL 32794-0658							
									RITE IN THIS	SPACE	
								3. Date Incorporated or Qualif	ieo		
2. Principal Place of Business				2a. Mailing Address				04/27/1989 4. FEI Number] Ar	plied For
21				26				59-2947336		1	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22				City & State			····	a. Continuate of Status Desired		Fee Re	periupe
City & State				Cily & State				6. Election Campaign Financir	g —	\$5.00	
Zip		Country	28	Zip	Co	untry		Trust Fund Contribution		Added (
24	25		29					This corporation owes or hat Personal Property Tax due a			angible No
	9, Name a	ind Address of Cu	rrent Regis	itered Agent		I		10. Name and Address of Nev			
SMITH, RANDALL C ESQ						81	Name]	BERRY J. WALKER			
750 MAITLAND AVE						82		ress (P.O. Box Number is Not Acce 235 S MAITLAND AVEN	ptable)		
MAITLAND FL 32571								235 S MAITLAND AVEN	UE		
						83					
			84 City			City	MAITLAND	FL	85 Zip (Çode	
11. Pursuant i	to the provision	ns of Sections 607	.0502 and 6	07.1508, Florida Statu	tes, the a	bove-			he purpose o	changing it	s registered
office or re agent I a	registered acti im familia i itl	nt, or both, in the S n, and accept the c	State of Flori	da, Such change was L'Section 607.0505. F	authorize lorida Sta	ed by to	the corporat	poration submits this statement for the ion's board of directors. I hereby a	ccept the app	ointment as	registered
SIGNATURE	(YV)	nin	9//2	7					/24/98		
	Sibnature by ker or	printed provide egistere					t signature requir	od when reinstating)	DATE		
12.	100	COTTICEPS	AND DIREC	DELETE DELETE	13.			ADDITIONS/CHANGES TO O	FFICERS AND		
NAME	RUTH, MC	ACT H			1.1 7		ļ			☐ Change	Addition :
STREET ADDRESS 861 WEST MORSE BLVD.				1.2 NAME : 1.3 Street address			UUBESS				
CITY-ST-ZIP	MAKETER BARMEN			1.4 CITY-ST							
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	2.1 T					Change	Addition
NAME					2.2 N	IAME					
STREET ADDRESS					2.3 S	TREET A	odress				İ
CITY-ST-ZIP					2.40	CITY-ST	- ZiP				
TITLE				DELETE	3.1 7					☐ Change	Addition
NAME CERCET ARROSCO					3.2 N						
STREET ADDRESS City-St-Zip					•	TREET A					1
TITLE			······································	DELETE	3.4 C	CITY-ST- ITLE	- 2119			Change	Addition
NAME						NAME					, Addition
STREET ADDRESS						TREET AL	DORESS				
CITY-ST-ZIP						IIY-SI-					
TITLE				☐ OELETE	5 1 T					Change	Addition
NAME					52 N	AME	-				
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CITY-ST-ZIP			······	Deceme		(TY-ST-	ZIP				
TITLE				□ DELETE	6.1 TI					Change	Addition
NAME OTRECT ADDRESS					6.2 N						
STREET ADDRESS						TREET AL					
14 Lhereby C	ortify that the	iotornation a mulic	el mitta thain 1	ding door not avalify f		(1Y - SI -		Cooling 110 OT/OVE Florida Chal de			

r nereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival 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.