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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** Mar 03 1998 8:00am Sacratory of State

1	1998	DIVISION OF CORPORA				NS	Secretary or State				
1. Corporatio	MENT # L6	31859	(9)								
			,								
Principal Plac 11540 HIGHW 101 E. KENNI SEFFNER FL	/AY 92 EAST EDY BLVD., SUITE 2000	115 101	Mailing Address 11540 HIGHWAY 92 E. 101 E. KENNEDY BLVD SUITE 2000 SEFFNER FL 33584				DO NOT WRITE	N THIS S	SPACE		
US		ŲS					3. Date Incorporated or Qualified 03/29/1990				]
2. Principal P	lace of Business	2a. N 26	failing Address				4. FEt Number 59-3000017		— <del>                                    </del>	plied For of Applicable	
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	e	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip 24	Country 25	29	ip	30 Cour	ntry	- ·	This corporation owes or has paid Personal Property Tax due June 3	ю. 🗆	Yes [	angible ] No	
	9. Name and Addres	s of Current Registe	red Agent		81	Name	10. Name and Address of New Reg	stered /	Agent		┦
	YER, DAVID A. IDNICK & WOLFE				$\perp$						
	1 E. KENNEDY BLVD.,	SHITE 2000			82	Street Add	dress (P.O. Box Number is Not Acceptable	<del>)</del> )			]
	MPA FL 33602	ODITE 2000		f	83						1
, , , ,	, /			Ļ	_				1-1		]
				[	84	City		FL	85 Zip (	Code	
11. Pursuant	to the provisions of Section	ons 607.0502 and 607	.1508, Florida Statut	es, the ab	ove	-named cor	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of	changing it	s registered	1
agent. I a	m familiar with, and acce	pt the obligations of,	Section 607.0505, Fl	orida Statu	ites.		allorra board or directors. Thereby accept	nie app	Diriting it do	registered	
SIGNATURE	Stgnalure, typed or printed name of	d socialored social and the M	AliOI	5: Bealstored	A 200	t alanatura ras	uired when reinstating)	DATE			١.
12.		FICERS AND DIRECT		13.	MOen	nt alghaluire requ	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	솮
TITLE	PD		☐ DELETÉ	1.1 111	LE	T			Change	☐ Addition	16
NAME	SEAMAN, JEFFREY			1.2 NA	ME	ļ					2
STREET ADDRESS	11540 HIGHWAY 9:	2 EAST		1.3 STF	REET A	ADDRESS					١٤
CITY-ST-ZIP	SEFFNER FL			1.4 CIT	Y-ST	- ZIP				·	٦ĝ
TITLE	AD APPOPED ALL O	FAMANI	☐ DELETE	2 1 T(T)					L Change	Addition	١
NAME .	PLANCHER, JILL SI 11540 HIGHWAY 9:			2.2 NAI							
STREET ADDRESS	SEFFNER FL	E LAUI		•		ADDRESS					1
CITY-ST-ZIP TITLE	SV		DELETE	2.4 CIT		1 - ZIP			Change	Addition	1
NAME	FINKEL, JEFFREY			3.2 NA							
STREET ADDRESS	11540 HIGHWAY 92	2 EAST				ADDRESS					
CITY-ST-ZIP	SEFFNER FL			3.4. CIT	Y-ŞT	- 21P					
TITLE	ST		DELETE	4.1 TiTL	.E				Change	Addition	]
NAME	STEIN, LEWIS	- F40T		4. 2 NA	ME						Ì
STREET ADDRESS	11540 HIGHWAY 97 SEFFNER FL	2 EAST				ADDRESS					1
CITY - ST - ZIP	AS		DELETE	4.4 CIT		- ZIP			Change	Addition	-
TITLE NAME	SCHWARTZ, LARRY	1	FIII OCCUL	5.1 TITI 5.2 NAI		-			rmi ouguiña		
STREET ADDRESS	11540 HIGHWAY 92					DDRESS					
CITY-ST-ZIP	SEFFNER FL			5.4 CIT							
TITLE			DELETE	6.1 TITE	_	<del></del>			Change	☐ Addition	1
NAME				6.2 NA	Æ	ļ					İ
STREET ADDRESS				6.3 STR	EET A	ADDRESS					
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	6.4 CIT							1
14, I hereby c	ertity that the information	supplied with this filing	g does not qualify for	or the exer	npti	on stated ir	Section 119.07(3)(i), Florida Statutes. I fu	rther cer	tity that the	information	1

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 informatio 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 charged, or of the address.

SIGNATURES