## 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** 

Principal Place of Business	Mailing Address
3455-A SOUTH ACCESS ROAD	3455-A SOUTH ACCESS RD
ENGLEWOOD FL 34224	ENGLEWOOD FL 34224
US	US

**FILED** Apr 01 1998 8:00am Secretary of State

1. Corporation		# L703 ROPERTY MAI		(3) NC.				
Principal Place of Business			Mailing	Mailing Address				
3455-A SOUTH ACCESS ROAD ENGLEWOOD FL 34224 US			3455-/	3455-A SOUTH ACCESS RD ENGLEWOOD FL 34224			DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualified	
							04/20/1990	
2. Principal Place of Business			<b>⊢</b>	2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			65-0186183   Not Applicable	
22			27	27			5. Certificate of Status Desired See Required	
City & State			ļŋ '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip			Country	,	8. This corporation owes or has paid the current year Intangible		
24		25 29 30			30	Personal Property Tax due June 30.		
	9, Name	and Address of C	urrent Registere	d Agent		•	10. Name and Address of New Registered Agent	
	HT, WILLIA				61	Name		
3455-A SOUTH ACCESS RD				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
EN	IGLEWOOD	FL 34224				ļ		
					83	İ		
		_			84	City	FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 60	7,0502 and 607,1	508, Florida Statu	utes, the abov	e-named o		
11. Pursuant to the provisions of Sections 607 0562 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent/or both in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arn familiar with any scept the objection 607 0505, Florida Statutes.  SIGNATURE								
SIGNATURE	Junature, typed	or prifled name of requir	red agent and ritin it app	Lable (NC			required when reinstating)  Date	
12.			S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD			☐ DELETE	1.1 TITLE		Change Addition	
NAME				1.2 NAME				
STREET ADDRESS	1 - 100 - 1 - 1 - 1 - 1 - 1 - 1		RD	1.5		ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL			1.4 CITY - 5	T-ZIP			
TITLE	PVD			☐ DELETE	2.1 TITLE	- 1	Change Addition	
NAME		Milliam O.		. 2.1		İ		
STREET ADDRESS	3455-A SOUTH ACCESS RD			2.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	ENGLEY	ENGLEWOOD FL		2. 4 CITY 3.1 TITLE	ST-ZIP	Dobert District		
NAME				·			Change Addition	
					3.2 NAME	4000000		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET	1				
TITLE	ļ		DELETE		3.4. CITY - :	SI-ZIP	Change Addition	
NAME					4. 2 NAME	i	C Orango C realmon	
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY-S			
TITLE				☐ DELETE	5.1 TITLE		Change Addition	
NAME	1				5.2 NAME	- 1	- <del></del>	
STREET ADDRESS					5 3 STREET	ADDRESS		
CITY-ST-ZIP					5.4 C/TY - S	T-ZIP		
TITLE			6.1 TITLE		Change Addition			
NAME					6.2 NAME	- 1		
STREET ADDRESS					6.3 STREET	ADDRESS		
CITY-ST-ZIP	1				6.4 CITY - S	T. 7IP		

14. I hereby 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 supplier ental 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 emoyered 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 a suppliment with an address.

**SIGNATURE:**