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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P93000036186 (3)

Principal Place 337-G PAROL ORMOND BEI	CONSTR e of Busines JE		` '	2175		DO NOT WRITE		
						<ol> <li>Date Incorporated or Qualified 05/20/1993</li> </ol>	<del></del>	
	lace of Busin	ness	2a, Mailing Address			4, FEI Number		Applied For
Suite. Apt. #. etc.			Suite, Apt. #, etc.		59-3185678	60 -	Not Applicable	
22			27 27		5. Certificate of Status Desired	1 1 7	75 Additional e Required	
City & State			City & State		6, Election Campaign Financing		00 May Be	
Zip Country			Zip Country		Trust Fund Contribution			
24				30	8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		_ "	
	g Name	and Address of Current	l Registered Agent			10. Name and Address of New Re	gistered Agent	
. AB	ERCROMB	IE, RICK J		8	1 Name			
337-G PARQUE				8	2 Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	
ORMOND BEACH FL 32174				8	3		·	
A the second of				6	4 City		<b>-</b> 85	Zip Code
<u> </u>					1 3,		FL   85	2.0000
agent. I a SIGNATURE	m <b>fam</b> iliar wi	ith, and accept the obligation of points and accept the obligation of the control of the obligation of	ations of Section 607.0505, F	lorida Statut	by the corpor es. gont signature req	quired why in reinstating)	4-23-9 DATE	8
12. TITLE	OFFICERS AND DIRECTORS  DELETE		13.	<del> </del>	ADDITIONS/CHANGES TO OFFIC			
				1.1 TITLE	· .			
}		ROMBIE BICKY J	-	3 2 8 8 1 1	r		Chai	igo 🗀 Addition [ ]
NAME	ABERCI	ROMBIE, RICKY J LANTIC AVE. ART. 801	•	1.2 NAM			L. Chai	ige C Nacition
NAME Street Address	ABERCI 395-ATI	LANTIC AVE. APT: 601	4/00 Piuteu	1.3 STRE	ET ADDRESS		Chai	NO LI POSITION
NAME Street Address City-St-Zip	ABERCI 395-ATI		•	1.3 STRE	ET ADDRESS - ST- ZIP		Chai	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ABERCI 395-ATI ORMON STD	ANTIC AVE. APT. 601 ID BEACH FL <del>02176"</del> BERG, RUSSELL P	4/00 Piutela 87174	1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ET ADDRESS - ST- ZIP			
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CITY-ST-ZIP

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 supplemental annual report is frue 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 trustoe 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

**FILED** 

Apr 30 1998 8:00am

Secretary of State