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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STAT

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023571 (9)

JOANNE C. HOLT, P.A., C.P.A.

FILED Mar 04 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		- 1 1981 1981 178 1980 1 179 1981 1981 1981 1981 1981 1981 198
5713 SANDPIPER PLACE FT. MYERS FL 33919 US 5713 SANDPIPER PLACE FT. MYERS FL 33919 US US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
Principal P	Place of Business	2a. Mailing Address		03/22/1995 4. FEI Number Applied For
21	lace of Eddinoss	26		65-0568594 Not Applicab
Suite, Apt.	#, etc	Suite, Apt. #, etc.		— \$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		0	Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
	LT, JOANNE C		Name	
5713 SANDPIPER PLACE FT. MYERS FL 33919			62 Street Addr	ess (P.O. Box Number is Not Acceptable)
P1.	MICHO PL SOSIS		83	
	4.5		84 City	lat 7: Orde
1			. '	FL 85 Zip Code
office or i agent. I s SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obtained the companies of the con- Signature, typed or printed name of registered in	rd l	thotized by the corporation as statutes.	coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered 2/26/98
12.	•	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	HOLT, JOANNE C		1.2 NAME	oAnne Chard
STREET ADDRESS CITY+ST-ZIP	5713 SANDPIPER PLACE FT. MYERS FL 중국의(Δ.	1.3 STREET ADDRESS	
TITLE	11. michoic 35-11	DELETE	2.1 TITLE	☐ Change ☐ Additio
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change
NAME CTREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	4.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY+ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		the second	6.2 NAME	that vivings bod Pavenin
	1			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 oath; that I am an officer or director of the corporation or the receiver or true ee 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 yally an addyess.