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

DOCUMENT # P95000059448 (7)

Feb 11 1998 8:00am Secretary of State

Principal Place of Business 1750 RINQLING BLVD. SARASOTA FL 34236 2. Principal Place of Business 3. Date incorporated or Qualified 08/01/1995 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 6. Fee Required 6. Election Campaign Financing 6. This corporation submits this statement for the purpose of changing its registere 6. Fee Required 6. Election Campaign Financing 6. Name and Address of New Registered Agent 6. Fee Required 6. Election Campaign Financing 6. Name and Address of New Registered 6. Fee Required 6. Fee
SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/01/1995 4. FEI Number
SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1995 2. Principal Place of Businoss 2e. Mailing Address 2e. Mailing Address 2e. Mailing Address 3. Date Incorporated or Qualified 03/01/1995 4. FEI Number 65-0598435 Not Applicate Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 30 Country 40 Country 41 Country 42 Added to Fees Freshot, C. TED 1750 RINGUING BLVD. SARASOTA FL 34236 83 84 City Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Tip Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Soction 607.0505, Florida Statutes. SIGNATURE Signature byect or protect fance of lapph-rather (NOTE Registered sgreature required when recistating) DATE
3. Date Incorporated or Qualified 08/01/1995 2. Principal Place of Business 2. Mailing Address 2. Fill Number 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country 7/p Country 8. This corporation owes or has paid the current Registered Agent FRENCH, C. TED 1750 RINGLING BLVD. SARASOTA FL 34236 8. This corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature liped or prefer have or legistered agent and incit applicable. (NOTE Registered Agent agenture required when recitation) OATE
2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. Certificate of Status Desired Fee Required City & State City & State City & State Country C
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Applied For 65-0598435 3. Suite, Apt. #, etc. 3. Suite, Apt. #, e
21 26 65-0598435 Not Applicate Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Again and Address of Current Registered Agent FRENCH, C. TED 1750 RINGLING BLVD. SARASOTA FL 34236 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607,0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes. SIGNATURE Signature byed or protect name of repostered agent and fire if apply able. (NOTE, Registered Agent agenture required when recitating) DATE
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City & State City & State City & State Country Styp Country Country Styp Street Address of New Registered Agent Styp Street Address (P.O. Box Number is Not Acceptable) Styp S
28 Zip Country Zip Country 30. Was and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 1750 RINGLING BLVD. SARASOTA FL 34236 81 Name City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, bpod or prefet have of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Zip Country Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRENCH, C. TED 1750 RINGLING BLVD. SARASOTA FL 34236 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prefer hance of registered agent, and the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) DATE
25 29 30 Personal Property Tax due June 30. Yes No 2. Name and Address of Current Registered Agent FRENCH, C. TED 1750 RINGLING BLVD. SARASOTA FL 34236 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or proted name of registered agent and the if applicable. (NOTE: Begistered Agent signature required when releasing) DATE
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Signature hipped or printed many of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Additive
NAME FRENCH, C. TED 1.2 NAME
STREET ADDRESS 1750 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34236 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
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TITLE DELETE 3.1 TITLE Change Addition
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NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14 hereby certify that the information supplied with this filting does not qualify for the expension stated in Section 110 07/0V/i). Flexible Contract to the contract that the information supplied with this filting does not qualify for the expension stated in Section 110 07/0V/i). Flexible Contract to the contract to

ion stated in Section 119.07(3)(i), Florida Statules. I further certify that the information tymy signature shall have the same legal effect as if made under oath; that I am an eport as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppl officer or director of the corporation of t Block 12 or Block 13 if changed or on