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

FILED Jun 04 1998 8:00am Secretary of State

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998

DIVISION OF CORPORATIONS

| DOCUM 1. Corporation | ENT # \ \ 95 | 0000 | 809 | 91 | | | | | | | | |
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| Principal Place C | 988 | Λ. | | 1 | | | | | | | | |
| 61600 | Solden Gate Pl | Kwy 616 | 60 6.6 | . PRK | wy | | DA MAY MIDITE | | 00105 | | | |
| 6160 Golden Gate Plwy 6160 NAPIES, F1, 34116 NAP | | | | les, Fl. | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| NAPIES | 191,04116 | , , , | <u> </u> | 4116 | , | | 10-25-9 | 95 | | | | |
| 2. Principal Place of Business 2a. Ma 21 26 | | | ailing Address | | | 4. | 65-06233 | 38 | \vdash | Applied For Not Applical | _ | |
| Suite, Apt. #, etc. | | — | Suite, Apt. #, etc. | | | 5. | Certificate of Status Desired | | | 75 Additiona e Regulred | al | |
| City & State | | City & State | | | | 6. | Election Campaign Financing | | \$5 | 5.00 May Be | | |
| Zip Country | | [28] Zip | c | Country | | | Trust Fund Contribution | | | ided to Fees | - | |
| | | | 301 | <u> </u> | | | B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No | | | | | |
| 9.1 | [25] Name and Address of Current F | | [30] | Ţ | | 10. | Name and Address of New Reg | | • | 110 | | |
| | | | | 81 N | lame | | | | | | _ | |
| KEA | | 82 Street Addre | | | P.O. Box Number is Not Accepta | ble) | | | | | | |
| 1010 | | | | | | | _ | | _ | | | |
| ان الم | ECCA WALLA O Golden GA- PLes , F1, 3 | 11116 | • | 83 | | | | | | | | |
| NA | ples ir i. = | 4110 | | 84 C | ity | | | FL | 85 Zip | Code | | |
| | | | | | | | oration submits this statement fo | | | | - | |
| | fice or registered agent, or both, as registered agent. I am familia | | | | | | e corporation's board of directors orida Statutes. | . I hereby | accept th | 10 | | |
| SIGNATURE | 01.100 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 00 a | OR | | | 3 | 128 | 198 | | | |
| | gnature, typed or printed name of regi | | f applicable | (NOTE: R | egistered Ap | jeni e | ignature required when reinstating) | DATE | | | | |
| 12. | OFFICERS AND D | IRECTORS | 13. | | | ADI | ITIONS/CHANGES TO OFFICE | RS AND | DIRECTO | DRS IN 12 | ا د | |
| TITLE | DP | DELETE | 1.1 TITU | | | | | Chang | е [| Addition | 18 | |
| NAME | REBECCA WAL | IACE INAULDES | 1.2 NAM | | | | | | | | 5 | |
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| _ | by that the information supplied u | | | | | | | | | | | |

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in BIOCK12 or Block 13 if changed, or on an attachment with an address.