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 # P95000098017 (3)

	BUSINESS ACCOUNTING				
,	ce of Business	Mailing Address			
2826 SHADER ROAD 2826 SHADER ROAD ORLANDO FL 32808 ORLANDO FL 32808					
OTILANDO EL 32000			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified	
				12/29/1995	
 -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.		<u></u> -	58-2215375	Not Applicable	
22 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	16	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	9, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
PA	IYNE, MARC A		81 Name		
2826 SHADER ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
, ⁴ OF	RLANDO FL 32808				
			83		
_			84 City		85 Zip Code
				F	L
office or agent. I a	am familiar with, and accept the ob	ate of Florida. Such change was a pligations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TATLE	PD	☐ DELETE	1.1 TUTLE		Change Addition
NAME	PAYNE, MARC A		1.2 NAME		
STREET ADDRESS	2826 SHADER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808	- DELETE	1.4 CITY-ST-ZIP		The state of the s
TITLE	SVTD DAVAGE MADIANINE	DELETE	2.1 TITLE		Change Addition
NAME	PAYNE, MARIANNE 2826 SHADER ROAD		2.2 NAME		
STREET ADDRESS	ORLANDO FL 32808		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNLARIDO PL 32000	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		- Dittit	3.1 IIILE 3.2 NAME		Change Trivantititi
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	 -	DELETE	4.1 TITLE		Change Addition
NAME		band section	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP	,	1
TITLE		DELETE	5.1 TITLE	<i> </i>	Change Addition
NAME			5.2 NAME	\mathcal{M}_{\sim}	
STREET ADDRESS			5.3 STREET ADDRESS	$\langle I^{\prime} \rangle$	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	//	4/ <i>1U</i>
TITLE		DELETE	61 TITLE	[] [] [] [] [] [] [] [] [] []	- Change Addition
NAME			6.2 NAME	5000024858 -04/13/9301007	10 7 05
OTDERY ADDRESS			0.0 1005 T 4000500		U≝I

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 Statules. 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 eath; 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 Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 10 1998 8:00am

Secretary of State