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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000060495 (3)

FILED

98 APR 30 PH 1: 44

STATE TALLAHASSEE, FLORIDA

REWEA					
Principal Place	e of Business	Mailing Address			iri aðtis biðið falal álu i Aði
2200 LUCKEN WAY. STE. 450- MARTLAND FL 82751 P.O. BOX 4961 ORLANDO FL 32802-4961			61	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
			·	07/11/1997	
	ace of Business	26. Mailing Address		4. FEI Number 59 - 146 6022	Applied For
Suite, Apt.	Sandspur Rd.	Suite, Apt. #, etc.		31/3760002	Not Applicable
22	#, <b>0</b> (0.	27 Julie, Apr. 4, etc.	1.00	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	Ma	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 321	Country	Z(p)	Country 30	This corporation owes or has paid the corporation Property Tax due June 30.	urrent year Intangible
	<ol> <li>Name and Address of Currer</li> </ol>	it Registered Agent		10. Name and Address of New Registered	Agent
B&C	CORPORATE SERVICES OF C	ENTRAL FLORIDA	81 Name		
	N. ORANGE AVE., STE. 1100		82 Street	Address (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32801		<u> </u>		
			83		
			84 City	Fi	85 Zip Code
44 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508 Florida Stat	utes the above-name	• •	<b>-</b>
office or re	egistered agent, or both, in the State	of Horida. Such change wa	s authorized by the co	d corporation submits this statement for the purpose reporation's board of directors. I hereby accept the ap	pointment as registered
	m tamiliar with, and accept the oblig-	ations or, Section 607.0505, i	Florida Statutes.		
SIGNATURE	Signature, typed or profed name of registered age	nt and blic d applicable (N	OTH Rogistered Agent signatur	e required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D/P/S/T	Change
NAME	<b>G</b> INSBURG, ALAN H		1.2 NAME	Alan H. Ginsburg	
STREET ADDRESS	<b>2200</b> LUCIEN WAY, STE. 450		1.3 STREET ADDRESS	1551 Sandspur Rd. Maitland, EL 32751	
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY - ST - 7IP		The state of the s
TITLE		☐ DELETE	21 TITLE	VP	Change M Addition
NAME			2.2 NAME	Paul Missigman	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY - ST - ZIP	Maitland, FL 32751	Change X Addition
		□ nerelt	3.1 TITLE	VP	PT CHANGE TY WOUNDE
NAME CORECT ADDRESS			3.2 NAME	Michael J. Sciarrino	
STREET ADDRESS			3.3 STREET ADDRESS	1551 Sandspur Rd.	
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY - ST - ZIP 4.1 T)TLE	Maitland, FL 32751	Change Addition
NAME			4. 2 NAME		- Surange - Mantion
STREET ADDRESS			4.3 STREET ADDRESS	}	
CITY-ST-ZIP			4.5 STREET ADDRESS	300002511	6838
TITLE		DELETE	5.1 TITLE	300002511 -05/05/298	UII change UZ Addition
NAME		<u>—</u>	5.2 NAME	****150.00	****150.00
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		U IV
7/7) 5		DELETE	C 4 7/7/ C	<u> </u>	Change of A little

NAME

STREET ADDRESS

14. Thereby cortify that the information supplied with this filling 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 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 religious 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 allocation with an address.

Alan H. Ginsburg 04/24/98

6.2 NAME 6.3 STREET ADDRESS

407-741-8500