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

**PROFIT** 

Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)1305, INC. Principal Place of Business Mailing Address 590 RINEHART ROAD 590 RINEHART ROAD LAKE MARY FL 32746 LAKE MARY FL 32746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-3113733 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zιρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 Personal Property Tax due June 30. |25| 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A1** LAW OFFICES OF SIDNEY L. VIHLEN, III, P.A. Sidney au. 2100 W. S.R. 434., SUITE 4159 82 LONGWOOD FL 32779 83 top. Florida Statutes, the above-named corporation submits this statement or the purpose of changing its registered arch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered change was authorized Statutes. 84 11. Pursuant to the provisions office or registered agent agent. I am familiar with. SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND MIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE BAYHI, BARBARA S 1.2 NAME NAME **590 RINEHART ROAD** 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition 2.1 TITLE TOTLE BAYHI, BARBARA S 2.2 NAME NAME **590 RINEHART ROAD** 2.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CRY-ST-ZIP Change Addition DELETE TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this bling 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

officer or director of the corporation of the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

**FILED** 

(401)333-2779