FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED		
	FLORIDA DEPA	FLORIDA DEPARTMENT OF STATE				Mar 18 1998 8:00ar	n		
CORPORATION ANNUAL REPORT Secretary Division of Co					y of State				
								Secretary of State	
1. Corporation	MENT # 19774 S, INC.	47	(9)					- I ARANEN WERE SENIN SAESN SEENN BAGN SEEN BAGN ANDN ANDN ANDN BYEN BANN HAD	
Principal Plac	se of Business	Mai	ling Address						
131 N BLVD P.O. 80X 273 DELAND FL 32720-4238 DELAND FL 32721								DO NOT WRITE IN THIS SPACE	
!								3. Date Incorporated or Qualified	٦
2, Principal F	Place of Business	2a. I	Mailing Address					11/20/1956 4. FEI Number   Langued For	4
21		26	gg					4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	le	—	City & State					6. Election Campaign Financing \$5.00 May Be	7
Zip _	Country	28	<b>7</b> ip	Co	untry			Trust Fund Contribution	$\dashv$
24 327	24 25	29		30				Personal Property Tax due June 30. Yes No	
OIG	9. Name and Address of Cu BS. DORIS L.	rrent Registe	red Agent		81	Name		10. Name and Address of New Registered Agent	4
	S WEST NEW YORK AVE.				82		ddro	oco (B.O. Boy Alizaber is Net Assessable)	4.
	AND FL 32720					30000	AGGI (6)	ess (P.O. Box Number is Not Acceptable)	
					63				1
					84	City		FL 85 Zip Code	1
11. Pursuant office or r	to the provisions of Sections 607.	0502 and 607	.1508, Florida Statu Such change was	tes, the a	above-	named o	corpo	Oration submits this statement for the purpose of changing its registered	1
	m familiar with, and accept the of	ns of	stion 607.0505, F	orida Sta	itutes.	la la	٠,٠	on's board of directors. Thereby accept the appointment as registered	
SIGNATURE*	Signature, typed or printed name of ruge tire	agent and title if	applicable (NO	TE Register	. (5) od Apeni	blgnature r	7 required	od when reinstating)  DATE	
12.	PDT	AND DIRECT	ORS DELETE	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	][
NAME	GIBBS,DORIS L.		- Deter			1 TITLE 2 NAME		Change ☐ Addition	1
STREET ADDRESS	955 WEST NEW YORK AV	<b>E</b> .			STREET A	DORESS			ξ
CITY-ST-ZIP	DELAND FL			1.4 (	CITY-ST-	ZIP		32720	ı
TITLE	OVD		DELETE		ITLE			Change Addition	٦٥
NAME STREET ADDRESS	BERMAN, MARCIA G. 210 EAST CANTON AVENU	<b>1</b> C		- 1	IAME				
CITY-ST-ZIP	WINTER PARK FL	Æ			STREET AL CITY-ST-			32189	,
TITLE	80		DELETE	3.1 T		ZIF		Change  Addition	4
NAME	GIBBS,LESLIE M.			321	IAME			<del>.</del> . <del></del>	
STREET ADDRESS	131 N. BLVD.			3.3 S	TREET A	OORESS		arta. I	
CITY-ST-ZIP TITLE	DELAND FL			3.4. CITY-ST-ZIP 4.1 TITLE			32+24	4	
NAME			LJ DELEGE	- 1	ITLE NAME	Ī		☐ Change ☐ Addition	
STREET ADDRESS					name Treet al	DRESS			
CITY-ST-ZIP					ITY-ST-				
TITLE			☐ DELETE	5.1 T				☐ Change ☐ Addition	1
NAME				5.2 N	AME				
STREET ADDRESS				5.3 S	TREET AL	DRESS			1

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 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 Block 12 or Block 13 if changed or on an attachment with an other 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 Block 13 if changed or on an attachment with a 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. I further certify that the information indicated 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

☐ Change

Addition

61 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME