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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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| | FOX STREET 109 | | FOX STREET 19 | | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 04/01/1958 | | |
|---|---------------------------------------|---|---------------------|-----------------------------|--|---|-----------------------------------|----------|
| <u> </u> | Place of Business | 2a. Mailing Ad | dress | | | 4. FEI Number 59-0837202 | Applied For | |
| Suite, Apt. #, etc. | | [26] Suite, Apt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | Not Applicab \$8.75 Additional | |
| City & Stat | | City & State | City & State | | | | Fee Required | - |
| 23 | | 28 | <u> </u> | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | } |
| Zip | Country Zip | | Country | , | 8. This corporation owes or has paid the c | - | | |
| 24 | 25 9. Name and Address | of Current Registered Agent | 30 | <u>'</u> | | Personal Property Tax due June 30. 10. Name and Address of New Registered | X Yes ∐ Na Agent | -{ |
| KAI | MAN,MARVIN | | · | 81 | Name | | | ٦ |
| 313 | O N PALAFOX ST | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | \dashv |
| PEI | NSACOLA FL 32522 | | | - | | | | 4 |
| | | | | 83 | | | | |
| | | | | 84 | City | F | 85 Zip Code | |
| 11. Pursuant office or ragent. La SIGNATURE | Signature, typed or printed name of r | is 607.0502 and 607.1508, Flointhe State of Florida. Such chaithe obligations of, Section 60 repistored agent and till of applicable. CERS AND DIRECTORS | | | | rporation submits this statement for the purpose ation's board of directors. I hereby accept the application when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | | d |
| TITLE | סוק | | DELETE | 11 TITLE | | ABBITIONS/OTIANALO TO OTT IOENO AL | Change Addition | n on |
| NAME | KAIMAN,MARVIN | | | 1.2 NAME | | | | ļ |
| STREET ADDRESS | 3130 N PALAFOX ST | | | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP TITLE | PENSACOLA FL S | _ | DELETE | 1.4 CITY - S 2.1 TITLE | 1-ZIP | | Change Addition | _ |
| NAME | KAIMAN, DAVID | ٠ | OCCC 12 | 2.2 NAME | İ | | | "] |
| STREET ADDRESS | 3130 N PALAFOX S | ST . | | 2.3 STREET | ADDRESS | | | Ì |
| CITY-ST-ZIP | PENSACOLA FL | | | 2. 4 CITY - 5 | 67 - ZIP | | | |
| TITLE | | | DELETE | 3 1 TITLE | - | | Change Addition | ın |
| NAME STREET ADDRESS | | | | 3.2 NAME | ADODECO | • | | |
| CITY-ST-ZIP | • | | | 3.3 STREET 3.4. CITY - S | 1 | | | } |
| TITLE | · | | DELETE | 4.1 THLE | , | | Change Addition | III |
| NAME | | | | 4. 2 NAME | | | | 1 |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY - S | T-ZIP | | Change Tales | _ |
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| NAME STREET ADDRESS | | | | 5.2 NAME 5.3 STREET | ADDRESS | | | |
| CITY - ST- ZIP | | | | 5.4 CITY-S | 1 | | | |
| TITLE | | | DELETE | 61 TITLE | | | Change Addition | ın |
| NAME | | | | 6.2 NAME | | | | - |
| STREET ADDRESS | | | | 6.3 STREET | | | | 1 |
| CITY OT 7ID | | | | CAPITY C | מוכ ז | | | 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 address.