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 #

(9)

ELODIDA CODINGO INC

Jan 23 1998 8:00am Secretary of State

FILED

FLONIU	M OFNIN	35, INO										
Principal Plac	e of Business		М	ailing Address					- 1 (0.01) (0.00) (0.00) (0.00) (0.00)	#1941 B1841 B		
SAN SERVANDO AVENUE				SAN SERVANDO AVENUE								
VENICE FL 33596 VENICE FL 33596												
									DO NOT WRITE II	N THIS SI	PACE	
									3. Date Incorporated or Qualified 12/20/1958			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21				26					59-0586102		1	Vot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22				27					S. Commodic of States Double		Fee F	DeriupeF
City & State				City & State					6. Election Campaign Financing	_		🕽 Мау Ве
23			28					Trust Fund Contribution	ᆜ	Added	to Fees	
Zip	Country			Zip Coun			'		8. This corporation owes or has paid	_		
24		25 29 . Name and Address of Current Registered Agent			30	30			Personal Property Tax due June 3			□ No
			nt Regis	stered Agent		-			10. Name and Address of New Regi	stered A	gent	
	rron, doi					81	Nan	e e				
711 VALENCIA ROAD				82 Street A			et Addre	ss (P.O. Box Number is Not Acceptable)			
VENICE FL 33595												
						83						
						84	City				85 Zip	Code
										FL		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the							e-nam	ed corpo	oration submits this statement for the pur	rpose of c	changing	its registered
agent. La	egistered ag m fam iliar wi	ent, or b oth, in the star th, an d a ccept the obli	e or Flori gations o	r, Section 607.0505, F	lorida Si	eu by latutes	7 (MB C 8.	orporatio	on's board of directors. I hereby accept	тие арро-	intiment a	s registered
SIGNATURE			_									
OIGHT TOTAL	Signature, typed	or printed name of registered ap	gent and title	if applicable. (NO	TF: Angiste	red Ape	nl signa	lure required	d when reinstating)	DATE		
12.	TV)	OFFICERS AI	ND DIREC		13				ADDITIONS/CHANGES TO OFFICE		_	
TITLE	PD	LDONG D		☐ DELETE	1.1	TITLE				L	Change	Addition
NAME	HERRON, DORIS D			1,2 M								
STREET ADDRESS		ENCIA ROAD			1.3	STREET	ADDRES	s				
CITY-ST-ZIP	VENICE	FL			1.4	CITY-S	T-ZIP					
TITLE	D			☐ DELETE	2.1	TITLE				L	Change	☐ Addition
NAME	DALEY,F				2.2	NAME						
STREET ADDRESS		DOW LANE			2.3	STREET	ADDRES	s				
CITY-ST-ZIP	HANOVE	H NH		·····	2.4	CITY-S	ST-ZIP					
TITLE	SID			☐ DELETE	3.1	TITLE		ı	*	l	Change	
NAME		R,MARY ALICE D			3.2	NAME						
STREET ADDRESS		ISET DRIVE			3.3	STREET	ADDRES	s				
CITY-ST-ZIP	VENICE	FL			3.4	. Cłty-S	ST - ZIP					
TITLE	-			☐ DELETE	41	TITLE				[Change	Addition
NAME					4. 2	NAME						
STREET ADDRESS					4.3	STREET	ADDRES	s				
CITY-ST-ZIP					4.4	CITY-S	1-ZIP					
TITLE				DELETE	5.1	THTLE			-	Ţ	Change	Addition
NAME					5.2	NAME		i				
STREET ADDRESS					5.3	STREET	ADDRES	s				
CITY-ST-ZIP					5.4	CITY-S	1 - ZIP					
TITLE				☐ DELET E	6.1	TITLE				Ī	Change	Addition
NAME					6.2	NAME						
STREET ADDRESS					6.3	STREET	ADDRES	s				
CITY-ST-ZIP					6.4	CITY-S	T-ZIP					

14. 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.