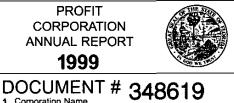
**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS.

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90009 014 \*\*\*150.00

ADMIRAL	. CORPORATION											
Principal Place	of Business	Ma	ailing Address									
EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151  EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151  PALM COAST FL 32151							DO NOT WRITE IN THIS SPACE					
TALM CONCI I	2 32751	,						3. E	Date Incorporated or Qualifed			
									06/27/1969			
2. Principal P	lace of Business	2a.	Mailing Address						FEI Number		- <del> </del>	oplied For
21		26	Cuite And H at	_				_ 5	59-1438029			ot Applicable Additional
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.					5. (	Certifcate of Status Desired		·	equired
City & State		27	City & State				-+	e F	Election Campaign Financing			May Be
23	-	28	,						Frust Fund Contribution		•	to Fees
Zip	Country	1,	Zip	Cou	ntry			8. 7	This corporation owes the current year	ar Intar	gible	
24		29		30					Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regis	tered Agent			r	1	10. 1	Name and Address of New Registe	ered A	gent	
OT C	CODODATION CYCTEM				81	Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					82 Street Add			(P.0	O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83								
i mui	11A11011 1 E 33324				03							
					84	City				FL	85 Zip	Code
11 Purcuant	to the provisions of Sections 607.0502	and 6	07 1508 Florida Statut	es the al	OOVE	e-named o	corporat	tion :	submits this statement for the purpos	se of ch	l ( nanging its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florid	la. Such change was a	uthorized	by	the corpo	ration's	boa	and of directors. I hereby accept the a	ppoint	ment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title i	f applicable (NOTE	Conjetered	Anen	nt signature re	nuired who	en reir	nstatino) DAT	E		\
12.	OFFICERS AND		*	13.			- quvu		DDITIONS/CHANGES TO OFFICER		DIRECTO	ORS IN 12
TITLE	PD		☐ DELETE	1.1 π	ιe						Change	☐ Addition
NAME	GARDNER, JAMES E			1.2 NA	ME							1
STREET ADDRESS	EXECUTIVE OFFICE			1.3 ST	REET	TADDRESS						[
CITY-ST-ZIP	PALM COAST FL			1.4 CI	TY- S1	T-ZIP						
TITLE	S □ DELETE			2.1 111	2.1 TITLE			,			Change	Addition
NAME	CUFF, ROBERT G			2.2 NA	ME							ĺ
STREET ADDRESS	1 CORPORATE DR			2.3 ST	REET	ADDRESS						ì
CITY-ST-ZIP	PALM COAST FL 32151			2. 4 C	TY-S	T-ZIP						
TITLE	VT		<b>₹</b> DELETE	3.1 TIT	LE	ļ					Change	☐ Addition
NAME	ROOT, DAVID			3.2 NA	ME	Ì						
STREET ADDRESS	EXECUTIVE OFFICE			3.3 ST	REET	TADDRESS						j
CITY-ST-ZIP	PALM COAST FL		Tax are	3.4. CI		ST-ZIP						Addition
TITLE	VD		DELETE	4.1 TI							Change	Addition
NAME	BUTLER, SAM JR			4. 2 N								
STREET ADDRESS	EXECUTIVE OFFICE					FADDRESS						
City-st-zip	PALM COAST FL		☐ DELETE	4.4 CF		T-ZIP	1//-		<del>/</del>		Change	☐ Addition
TITLE	V		☐ DELETE	5.1 TIT 5.2 NA			1/	/	Lee Thousan		P Counting	
NAME	CALLEA, CHARLES					TADDRESS	CHE	) K	DES JI CHLLEA			
STREET ADDRESS	EXECUTIVE OFFICE		1	5.4 CI		T_7ID	Par	44-1 120	LES J. CALLEA PORATE PR COAST FL 321	5-1		
CITY-ST-ZIP	PALM COAST FL		☐ DELETE	6.1 TIT		1-4IF	1º ML	<b>√</b> /(	CENTSI FL JOH	- /	Change	☐ Addition
TITLE	AS MOTORIA		□ DECETE	6.2 NA							5ogo	
NAME	GARD, VICTORIA					ADORESS						
STREET ADDRESS	EXECUTIVE OFFICE			0.5 31								ì

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 armual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactor and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactor and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactor of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attactor of the corporation of the corporat

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

PALM COAST FL

TURE AND LIPED OF RINTED NAME OF SIGNING OFFICER OF DIRECTOR TO CUFF,