

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **447314** (6)

1. Corporation Name
THE NINETY-EIGHT CORPORATION



Principal Place of Business: **322 S ALCANIZ ST PO BOX 150 PENSACOLA FL 32591-7150**
Mailing Address: **322 S ALCANIZ ST PO BOX 150 PENSACOLA FL 32591-7150**

3. Date Incorporated or Qualified: **03/07/1974**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-1512752**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip: **32591-0150**; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip: **32591-0150**; Country

9. Name and Address of Current Registered Agent: **WINN, H FRANK, JR 322 S ALCANIZ ST PENSACOLA FL 32501**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of officer or director of corporation or other person authorized to file this report. (2001 Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: X Change <input type="checkbox"/> Addition	
NAME: VIVIANO, SAM A		1.2 NAME:	
STREET ADDRESS: 220 S PALAFOX ST		1.3 STREET ADDRESS: 316 South Baylen Street	
CITY, ST, ZIP: PENSACOLA FL		1.4 CITY, ST, ZIP: Pensacola, FL 32501	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE: X Change <input type="checkbox"/> Addition	
NAME: WINN, H FRANK, JR		2.2 NAME:	
STREET ADDRESS: 322 S ALCANIZ ST		2.3 STREET ADDRESS: Pensacola, FL 32501	
CITY, ST, ZIP: PENSACOLA FL		2.4 CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: **2/22/96 (904) 434-6214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **H. Frank Winn, Jr., Sec./Treas.**

CR2E034 (12/95)