


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 447314
 1. Entity Name
THE NINETY-EIGHT CORPORATION



Principal Place of Business Mailing Address
322 S. ALCANIZ ST **322 S. ALCANIZ ST**
P.O. BOX 150 **P.O. BOX 150**
PENSACOLA FL 32591-150 **PENSACOLA FL 32591-150**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-1512752 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINN, H FRANK, JR
322 S ALCANIZ ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
 Trust Fund Contribution. Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	VIVIANO, SAM A
STREET ADDRESS	5150 GULL POINT ROAD
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	VP <input type="checkbox"/> Delete
NAME	WINN, H. FRANK JR
STREET ADDRESS	322 S. ALCANIZ ST
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	STD <input type="checkbox"/> Delete
NAME	WINN, H. FRANK JR
STREET ADDRESS	322 S ALCANIZ STREET
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000391121
 01/24/06-80026-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **H. FRANK WINN JR. SEC. TREAS.** Date _____ 850-434-621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #