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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

476818

(0)

Mar 25 1998 8:00am Secretary of State

GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART, INC.								
Principal Place of Business Mailing Address						T LOONIN DIGIT LOOKE DIEST TOTOF KEEDE FEST STATE DIGIT DIGIT OF STATE OF S		
33 E PINE STREET 33 E PINE STREET								
ORLANDO FL 32801-2607 ORLANDO FL 32801-2607						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
}						05/27/1975	- }	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	$\dashv$	
21		·-¬	26			<b>59-1594244</b> Not Applica		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	_	
22						Fee Required		
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May be		
23		28				Trust Fund Contribution		
Zip				ntry		8. This corporation owes or has paid the current year Intangible	İ	
24	25   29   30				·	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
9, Name and Address of Current Registered Agent				81	Name			
	OWELL, PATRICK C.		ļ					
320 N. MAGNOLIA AVE. SUITE B-9				82 Street Address (P.O. Box Number is Not Acceptable)		dress (P.O. Box Number is Not Acceptable)		
	LANDO FL 32801			83			$\dashv$	
Un	LANDO FL 32001		]	$\perp$				
				64	City	FL 85 Zip Code	- 1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the at	ove-	-named cor		ed	
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 recoffice 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
	m taminar with, and accept the obliga	rons or, accion cortosos, e	ionua siai	ules.			-	
SIGNATURE	Signature, typed or printed name of registered agen-	t and tille if applicable (NO	TE: Rogistered	Agen	it signatura requ	uired when reinslating) DATE	-	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\exists$	
TITLE	PD S	☐ DELETE	1.1 717	LE	-1	j Kercher, William C. Jr. RChange □ Addil TIZ S. LOKE Adair Blvd	ion	
NAME			,2.N4	,2.NAME		TIZ S. LOKE Adair Blud	- 13	
STREET ADDRESS	. •6750 PISA DRIVE, APT #316		1.3 ST	1.3 STREET ADDRESS		Ottando, FL 32804		
CITY-ST-ZIP			1.4 Cil		- ZIP		{}}	
TITLE			2.1 TIT			Change Addit	ion	
NAME	the comment of the contract of			2.2 NAME			-	
STREET ADDRESS			1	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CI		r-ZIP	Chanoe Addit		
TITLE			3.1 TIT			Change  Addit	UII	
NAME OTOTET LODDESS			3.2 NA		IDDDCCC			
STREET ADDRESS	ALTAHOLITE ODDINGO E				ADDRESS			
CITY-ST-ZIP TITLE				TY-ST	- Z(P	Change Addit	ion	
NAME	CD GLATTING, JACK F.	ביין טבונונ	4.1 TH 4.2 NA		1	C Oriente C Adult		
STREET ADDRESS	105 RED BAY				ADDRESS			
CITY-ST-ZIP	LONGWOOD FL							
TITLE	VD VD	DELETE		4.4 CITY - ST - ZIP 5.1 TITLE		Change Addit	ion	
NAME	RINEHART, JOHN F.			5.2 NAME		45		
STREET ADDRESS	17635 SEIDNER ROAD			5.3 STREET AD		مريرة		
CITY-ST-ZIP	WINTER GARDEN FL		5.4 CIT			<b>3.</b> 2℃	•	
TITLE	VD	☐ DELETE	6.1 TIT				ion	
NAME	JACKSON, TIMOTHY T.		6.2 NA			4000024676是年 <sup>の 口Addit</sup> -03/25/9801005018		
STREET ADDRESS	100 0 DID 00 1 110 DID				ODRESS	***158,75		
CITY-ST-ZIP	LONGWOOD FL		6.4 CIT		ĺ	<b>本本本1つの。1</b> つ		
		h this filing does not qualify f				n Section 119 07(3)(i). Florida Statutes. I further certify that the information	'n	

indicated on this animal report or supplied with this limit does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes, I furnier certify that the information indicated on this animal 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 of the receiver or trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on the receiver of the corporation of