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

517855

(3)

FILED Apr 14 1998 8:00am Secretary of State

JWDE	MAINONIMENTAL, INC.										
Principal Plac	e of Business	Mailing Add	dress				İ	E NASJAN AHAN NIAN NAAN LANAN LANAN AHAN ENN	I MIMEE MIMSE	. DIEN DIEN BY	AN DIAKI 1801
1227 ROYAL	OAK DR.	1227 ROY	AL OAK DR.								
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708											
U\$ U\$								DO NOT WRITE	IN THIS S	SPACE	
							3.	Date Incorporated or Qualified			
9 Principal 5	Place of Business	Do Malling	A al al				L.	11/01/1976			
	Tace of business	2a. Mailing	Address				4.	FEI Number		 . 	pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.					59-1695743			ot Applicable	
27 27							Б.	Certificate of Status Desired			Additional equired
City & Stat	e	City & S	tate					Election Campaign Financing			
23		28					ъ.	Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	_ + - +				R	This corporation owes or has paid			
24	25	29	ľ	30	•		٠.	Personal Property Tax due June 3			No
	9. Name and Address of Curre	ent Registered Ag			_		10.	Name and Address of New Reg			
BC	DULICAULT, LOIS A.				81	Name			-		
1227 ROYAL OAK DR.					P2	Ctroot Addres	/E	O Day Niverbas is No. Assessed	nentable)		
WINTER SPRINGS FL 32708				82 Street Addres			ss tr	P.O. Box Number is Not Acceptable	aj		
1				Ī	83						
-				ļ.	-	-0.2				1	
ļ				1	84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statute	s, the ab	ove	-named corpo	ratio	on submits this statement for the pu		changing if	ts registered
office or i	to the provisions of Sections 607,05 registered agent, or both, in the Statum lamiliar with, and accept the oblimiting the control of the con	te of Florida. Such gations of, Section	change was a 607.0505. Flo	uthorized rida Statu	l by ites.	the corporatio	n's t	board of directors. I hereby accept	the app	ointment as	registered
SIGNATURE											
UIGHT WOTE	Signature typed or printed name of registered as	gest and tile if applicable	{NO1E	Registered	Agen	nt signature required	when	n reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	RS AND		
TITLE	P	Ł	DELETE	1.1 1111	LE					☐ Change	Addition
NAME	BOULICAULT, LOIS A.			1.2 NA	ME						
STREET ADDRESS	1227 ROYAL OAK DR.			1.3 STP	REET A	ADDRESS					
CITY-ST-ZIP	WINTER SPRINGS FL			1.4 CIT		- ZIP					
TITLE		L	DELETE	2.1 7170	LE					Change	Addition
NAME				2.2 NA	ViE						
STREET ADDRESS				23 STR	EET A	ADDRESS					
CITY-ST-ZIP			1 pri cre	2.4 CIT		T-ZIP					
TITLE		ι] DELETE	3.1 111						Change	☐ Addition
NAME				3.2 NA							٠.
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Driete	3.4. CIT		T-ZIP		THE		T 06	T' LANG.
TITLE		L	_] DELETE	4.1 TITL						☐ Change	Addition
NAME CINCEL ADDOCCO				4. 2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CIT		- ZIP					Adam
NAME		L	, VIIII							Change	Addition
				5.2 NAA		1000000					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CIT		~ ZIP				Chance	Addition
1		Ļ		6.1 TITE						☐ Change	☐ Addition
NAME CONCET ADDRESS				6.2 NAN							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CIT	Y-ST-	- ZIP					

I hereby certify that the information supplied with this filling 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 exproration 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. On an allochment with an address.