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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525877

(7)

H. L. HIRSH & ASSOCIATES, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1 100101 01110 11081 01101 10111 10011 1		l Givil Givi	II ORBIT (ORI
ROUTE 7 BOX 756 ROUTE 7 BOX 756  LAKE CITY FL 32055 LAKE CITY FL 32055								DO MOT MEDIT	F (1) T (1) O O O	05	
								DO NOT WRIT	E IN THIS SPA	'CE	
								<ol> <li>Date Incorporated or Qualified 02/15/1977</li> </ol>			
2. Principal f	Place of Busin	ess	2a. Mailin	2a. Mailing Address				4. FEI Number		TTA	plied For
21			26					59-1728663		<del></del>	t Applicable
Suite, Apt.	. #, etc.		Suite,	Suite, Apt. #, etc.						8.75	Additional
22			27	27				5. Certificate of Status Desired	ш `	Fee Re	equired
City & Sta	le •		City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23				28				Trust Fund Contribution Added to Fees			
Zip	• 1	Country	Zip					8. This corporation owes or has paid the current year Intangible			
24	1		29					Personal Property Tax due June 30. Yes ANO NA			
	<del></del>	and Address of Cu	irrent Registered A	\gent		T		10. Name and Address of New R	egistered Age	nt	
	rsh, Herbe				'	81	Name				
	7 BOX 756		82 Street Addr			ss (P.O. Box Number is Not Accepta	bie)				
LA	KE CITY FL			83							
						03					
					Ī	B4	City		FL	<b>5</b> Zip (	Code
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE											
GIGHATORE	Signature typed o	or printed name of registere	I agent and title if applicat	alc. (NC	TE Registered	Agen	nt signature required	d when reinstating)	DATE		
12.	·	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 12
TITLE	P			☐ DELET <b>e</b>	1.1 THE	Ε.				Change	Addition
NAMÉ		HERBERT L.		1.2 NAME							
STREET ADDRESS	RT 7 BO			1.3 STREET ADDRESS							
CITY-ST-ZIP	LAKE CI	IY FL			1.4 CITY 2.1 TITL		- ZIP		····		
TITLE	VS	14 D. E. E.		☐ DELETE					Ц	Change	☐ Addition
NAME		MARLENE									
STREET ADDRESS	RT 7 BO				2.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP	LAKE CI	II FL		DELETE	2 4 CIT		I - ZIP			05	1 4 4 4 9 1
TITLE				□ bereit	3.1 TITL				Ц	Change	☐ Addition
NAME					3.2 NAW						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE				DELETE	3.4. CITY 4.1 TITU		I - ZIP	·		Change	Addition
NAME				المال المال	4.1 IIILI 4. 2 NAN				لسا	ouguye	L. AJURION
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					4.3 STRE				1.	)	
TITLE	<del></del>			DELETE	5.1 TITLE		- 211"		<del>///</del>	Onange	Addition
NAME					5.1 MAM				/// ゔ゙	/) 🛴	
STREET ADDRESS					5.3 STRE		ODRESS	7	tl 5/	19	
CITY-ST-ZIP					5.4 CITY				/ (	' /	
TITLE				DELETE	6.1 TITLE		B. 17	الله المارية المارية المارية المارية المارية		6hande	Addition
NAME					6.2 NAM		'	9000024E -03/20/98010	17022	J *	
STREET ADDRESS					6.3 STRE		DDRESS	***150.00	11064		
CITY-S1-ZIP					6.4 CITY		1	ককক13U,UU			]
14. Thereby o	certify that the	information supplie	d with this filing doe	es not qualify	or the exem	nplic	on stated in Si	ection 119.07(3)(i), Florida Statutes. I	further certify	that the	information
indicated	on this annua	l recor∉or`supplem	ental annual report i	is true and ac	curate and t	that	l my signature	shall have the same legal effect as red by Chapter 607, Florida Statutes;	f made under i	nath: tha	llam an