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

1	IMENT # 544138 RT E. AUSTIN JR., PROFESS	• •	1		
Principal Plac	ce of Business	Mailing Address			BAN BARN BABAN BABAN BABAN BARRAN BARRAN BARRAN
1321-C WEST CITIZENS BLVD. LEESBURG FL 34748-3985 US		1321-C WEST CITIZENS BLVD. P.O. BOX 490200 LEESBURG FL 34749-0200 US		DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 09/01/1977	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-6535800	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C Clastica Constitution Simulation	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo
Zip	Country	Zip	Country	This corporation owes or has p	
24	25	29	30	Personal Property Tax due Juni	e 30. 🔀 Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	JSTIN JR, ROBERT E		81 Name		1
1321-C W. CITIZENS BLVD. LEESBURG FL 34748			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
			83		
1			84 City		FL 85 Zip Code
I · Office of i	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	ot Florida. Such chance was:	authorized by the comoral	ooration submits this statement for the tion's board of directors. I hereby acce	purpose of abanqua its revisioned
SIGNATURE	Signature, typed or printed name of registered agen	l and title d applicable (NO)	H. Registered Agent signature requi	red when reinstating)	DATI
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PO BODEOT F	☐ DELETE	111816		☐ Change ☐ Addition
NAME	AUSTIN JR, ROBERT E		1.2 NAME		
STREET ADDRESS	1321-C W CITIZENS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LEESBURG, FL 00000	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addit on
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST+ZIP		
TITLE		☐ DELFTE	4.1 THE		Change Addition
NAME ETREET ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DILETE	4.4 CHY-S1-ZIP 5.1 TIBLE		Change Addition
NAME			5.2 NAME		E semilo E vocation
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP			5.4 CITY ST- ZIP		:
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	•		6.4 CITY+ST+ZIP		

14. I hereby certify that the information supplied with this filing 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 eath; 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 on an attachment with an address.

1/3/98 352-778 10

FILED

Jan 15 1998 8:00am

Secretary of State