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

**PROFIT CORPORATION** ANNUAL REPORT

1998



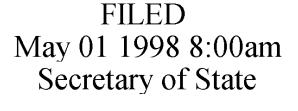
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(b



MANICO	nu G. Brace, P.A.				
Principal Plac	e of Business	Mailing Address			- I LOUIDI BALLI EDELL ODLIG KEDEL DEFOL BILL DIDEL QUDIL QUDIL QUDIL QUDIL QUDIL
6801 US HWY	/ 27 N. STE B-4	6801 US HWY 27 N. S	TE B-4		
SEBRING FL		SEBRING FL 33870			
1					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9. Principal P	lace of Business	2a. Mailing Address			04/24/1978 4. FEI Number Applied For
21		26			59-1791957 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				SR 75 Additional	
22		27			5. Certificate of Status Desired Fee Required
City & Stat	6	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Currer	29	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
- DD	<del></del>	it trodistored Whent	81	Name (	
	ACE, HANFORD G.			, .	BRACE, HANFORD G
	O1 US HWY 27 N, STE B-4		82	Street Addr	ress (P.O. Box Number is Not Acceptable)
) SEI	Bring FL 33870		83	15.73	S OLEANDER DR.
ļ					
			84	City 🛆 🕡	ON PARK FL 85 Zip Code 33825
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the above	e-named corp	poration submits this statement for the purpose of changing its registered
office or r	<b>egistered agent, or both, in the State</b> I <b>m familiar with, and accept the oblig</b>	of Florida, Such change war ations of Section 607 0505	s authorized by	/ the corporati	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	The state of the s	arons on aconomics of toolog	TIONIOLO GLILLOSO	J.	
ORIGINATURE	Signature, typed or printed name of migratered age	ont and little if applicable (N	OTE Registered Age	ent signature require	ed when reinstaling) DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		PD Change Addition
NAME	BRACE, HANFORD G		1.2 NAME	h	lanford G BRACE 1575 OLeander Dr
STREET ADDRESS	6801 US HWY 27 N, #B-4		1.3 STREET		1575 OLeander Dr
CITY-ST-ZIP	SEBRING FL SV	DELETE	1.4 CHY-S	I-ZIP	AUON PORK FL 33825
TITLE	BRACE, ONA J	□ DELETE	21 TITLE		
NAME STREET ADDRESS	6801 US HWY 27 N, #B-4		2.2 NAME		ONA BRACE
	SEBRING FL		2.3 STREET	4	1515 OLEANDER Dr AUGN PARK FL 38525
CITY-ST-ZIP TITLE	P	DELETE	2.4 CITY-S 3.1 TITLE		P Change Addition
NAME	BRACE, HG		3.2 NAME		ianford BRACE
STREET ADDRESS	6801 US HWY 27 N. #B-4		3.3 STREET	"	1575 OLEANDER Dr
CITY-ST-ZIP	SEBRING FL		3.4. CITY-S	1	AUON Park FL 33825
TITLE		☐ DELĒTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	ĺ	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CITY - S	T- 71P	
TITLE		☐ DELETE	6.1 TITLE		Change  Addition
NAME			6.2 NAMÉ		
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP			6.4 CITY - S	T-71P	

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 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 12 or Block 13 if changed, or on an attachment with an address.

Howford C Rusco

4/20100 941-454-0901