## 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 #

(6)

DUGGAN, JOINER, BIRKENMEYER, STAFFORD & FURMAN.

P.A., CERTIFIED PUBLIC ACCOUNTANTS						
Principal Place of Business Mailing Address					- I IMATIA OLIN OOTIO NIOUT INLIA SAND ONTO	1 BIBIT ATOM BIBIT GIBIT BIBIT THE
334 NW 3RD AVENUE 334 NW 3RD AVENU OCALA FL. 32670 OCALA FL. 32670			JUÉ		DO NOT WRITE IN T	THIS SPACE
					3. Date Incorporated or Qualified	
					06/21/1971	
2. Principal Place of Business 2a. Mailing Address			5		4. FEI Number	Applied For
21		26			59-1349759	Not Applicable
Suite, Apt			pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State         City & State           23         28					Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		intry	8. This corporation owes or has paid th	e current year Intangible
24	25   9. Name and Address of Curr	29 29 Acont	30		Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	Yes No
		our negistered Agent		81 Name	10. Heline and Address of New Hogist	Neo Ageilt
BIRKENMEYER, WAYNE						
334 N.W. 3RD AVE.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OCALA FL 34475				83		
				<u> </u>		<u>,,</u>
				84 City		FL 85 Zip Code
agent. I					rporation submits this statement for the purporation's board of directors. I hereby accept the	ATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELET	TE 1.1 TI	TLE		Change [_] Addition
NAME	BIRKENMEYER,WAYNE		1.2 N	AME		
STREET ADDRESS			1.3 S	TREET ADDRESS		
CITY-ST-ZIP	OCALA FL			ITY-ST-ZIP		
TITLE	SD	DELET				Change Addition
NAME	STAFFORD, FRANK E.		2.2 N	١.		
STREET ADDRESS	001111111111111111111111111111111111111			TREET ADDRESS		
CITY-ST-ZIP	OCALA FL.	DELET		HTY-ST-ZIP		Change Addition
TITLE	TD	[_] Deter	4			CI charige Ci vooition
NAME CYDEET ADDRESS	FURMAN, EDWARD		32 N			
STREET ADORESS	334 N.W. 3RD AVE			FREET ADDRESS		
CITY-ST-ZIP TITLE	OCALA FL TD	DELET		TIF		Change Addition
NAME	DANIELS, HARRY		4.2 N			LI CHEING LI MUNION
STREET ADDRESS	334 N.W. 3RD AVE.			IREET ADDRESS		
	OCALA FL					
CITY-ST-ZIP TITLE	OUNLA FL	DELET		TY-ST-ZIP		Change Addition
	1		3.111			Company Control

14. Thereby 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 receive of 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 or an attachment with an address.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

3/20 AB

Change

Addition

**FILED** 

Mar 24 1998 8:00am

Secretary of State