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	MENT # 615418 B, CULBERTSON AND ASSO	• •)	DY BARA RIBA BABA ABU IBA
Principal Place of Business Mailing Address					
700 W HILLSBORO BLVD STE 206 BLDG 3 DEERFIELD BEACH FL 33441 US 700 W HILLSBORO BLVD STE 206 BLDG 3 DEERFIELD BEACH FL 33441 US US				DO NOT WRITE IN THE	S SPACE
Reinsing D	Place of Business	2a. Mailing Address		03/26/1979 4. FEI Number	T 1
<u> </u>	21 26				Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			59-1902820 5. Certificate of Status Desired	\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & Stat	City & State City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10, Name and Address of New Registered	d Agent
BR	UNS, JOHN F. I		81 Name		
	700 W. HILLSBORO BLVD.			ddress (P.O. Box Number is Not Acceptable)	
STE. 206 BLDG. 3 DEERFIELD BEACH FL 33441			83		
}					85 Zip Code
		- 1663 con Fille out		F	L
agent I a SIGNATURE	Signature, typed or printed name of registered age		Florida Statutes. IOTE Registered Agent signature re	orporation submits this statement for the purpose pration's board of directors. I hereby accept the appropriate the purpose of	
TITLE	D	DELETE	1.1 TITLE	The Control of the Co	Change Addition
NAME	BRUNS, JOHN F. III		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP		
TITLE	0	DELETE	2.1 TITLE		Change Addition
NAME	CULBERTSON, ARTHUR L.		2.2 NAME		
STREET ADDRESS	1007 110 110 110 1110 1110		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM BAY FL ST	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	CULBERTSON, CAROL A	<u> </u>	3.2 NAME		C 21-1-1
STREET ADDRESS	1351 MEADOWBROOK RD, N	I F	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	166	3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	PEDIGO, JOE M.		4. 2 NAME		
STREET ADDRESS	22300 S.W. 147TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	- Decree	4.4 CITY - ST - ZIP		T Si T Aggio.
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		:
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Fig Orange Fig. 1
STREET ADDRESS			6.3 STREET ADORESS		,
CITY CT TIO			6 4 COV 61 740		

4. 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 charged, or or an atachment with an address.

FILED

Apr 21 1998 8:00am

Secretary of State