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**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

## **FILED** Apr 24 1998 8:00am Secretary of State

FLANAU	AN HUMES, INC.						 	* (0.11 0.1911 180)	
Principal Place	e of Business	Mailing Address				I INDIAN DYJKI JANAY NAJEB DIAJO DENEK INDE SADA SADA		.	
13801 OLD DIXIE HWY PO BOX 5126		13801 OLD DIXIE HWY							
		PO BOX 5126							
HUDSON FL 3	14874	HUDSON FL 34674	HUDSON FL 34674			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal D	lane of Business	Do Mailing Address				04/05/1979			4
	lace of Business	2a. Mailing Address				4. FEI Number	<b>—</b>	Applied For	+
Suite, Apt	# 810	Suite, Apt. #, etc.				59-1908226		Not Applicable	4
22	w, 610.	· · · · ·	27			5. Certificate of Status Desired	•	5 Additional Regulred	
City & State	9	City & State				6. Election Campaign Financing		May Be	┨
23		28				Trust Fund Contribution		no may be ed to Fees	
Zıp	Country	Zip				8. This corporation owes or has paid the current year Intangible			
24 25		29	29 30			· · · · · · · · · · · · · · · · · · ·		□ No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
FLA	NAGAN, MICHAEL P			81	Name				
13913 MURIEL AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			$\dashv$
	DSON FL 34867		<b>52</b> 311661 AOC			reas (1.0. box realines is real Acceptable)			
				83					٦
				84	City	FL	85 Zi	p Code	1
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Stat	utes the s	boye	named corno	vision submits this statement for the number of	f changing	n ite registered	┨
office or re	egistered agent, or both, in the State	of Florida. Such change was	s authorize	d by	the corporation	on's board of directors. I hereby accept the app	pointment a	as registered	1
	1111 ALANDA VIV	ministry, Section 602.0000,	JION SIA	itutes.		11-1n	-00		
SIGNATURE A	Sonakure, typod or printed name of registered ago	ent and title if applicate (N	OTE: Registers	ed Agen	it signature require	d when reinstating) DATE	Z		_ ا
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	֓֞֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡֓֡֓֡֓
TITLE	PD	☐ DELETE	1.1 T	1.1 TITLE		·	Change	e 🔲 Addition	٦٤
NAME	Flanagan, Michael P		1.2 N	IAME					5
STREET ADDRESS	13913 MURIEL AVE.		1.3 STR		ADDRESS				١٤
CITY-ST-ZIP	HUDSON, FL 00000		1.4 0	ITY-ST	- ZIP				_ 8
FITLE		☐ DELETE	2.1 T	ITLE			☐ Change	e 🔲 Addition	١
NAME			2.2 N	2.2 NAME					
STREET ADDRESS			2.3 \$	TREET A	ADORESS				
CITY-ST-ZIP			2.40	CITY-ST	T-ZIP				╛
TITLE		☐ DELETE	3.1 T	ITLE			L Change	e L Addition	
NAME			3.2 N	IAME					1
STREET ADDRESS			3.3 S	TREET A	ADORESS				
CITY - ST - ZIP				CITY-ST	r-ziP				4
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NAME			4.21	VAME					ı
STREET ADDRESS			4.3 S	TREET A	NDDAESS				
CITY-ST-ZIP		The property		ITY-ST	- ZiP			1100	4
TITLE		☐ DELETE		5.1 TATLE			Change	e Addition	
NAME			5.2 N		-				
STREET ADDRESS			5.3 S	TREET A	VDDRESS				
CITY+ST-ZIP		<b>1</b>		ITY-ST	- ZIP		116		4
TITLE		DELETE	6.1 T				☐ Change	e	
NAME			6.2 N						
STREET ADDRESS			- 1		ODRESS				
CITY-ST-ZIP	and the state of t	Cate about 4 floor of 4 44		ITY-ST		Section 119.07(3)(i), Florida Statutes. I further ce	aptifica dia mit 41	ha informatic -	4
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Thereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida statutes. Turther certify that it maintain 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 of changed, or or an attriction with an address.

GNATURE:

(813) 663-69/9