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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

1	JAL REPORT 1998	*** · /	Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
ł	MENT # 6202 LE DEVELOPMENT CO.	` '							
Principal Plac	e of Business	Mailing Address					JII <b>Piri</b> ii firi		
P. O. BOX 2165		P. O. BOX 2165	P. O. BOX 2165						
P.O. BOX 2165 LABELLE FL 33935		P.O. BOX 2165 LABELLE FL 33935				DO NOT WRITE IN THIS SPACE			
		CADECCE I E GOOG				3. Date Incorporated or Qualified			
A Brains	100					04/25/1979			
21	face of Business	2a. Mailing Address				4. FEI Number	<del></del>	plied For	
Suite, Apt.	#, etc.	Suite, Apt #, etc.				59-1997209	\$8.75 A	t Applicable	
22		27				5. Certificate of Status Desired	Fee Re		
City & State	9	City & State	} <del>-</del> ¬ '			6. Election Campaign Financing	\$5.00	-	
<b>Z</b> ip	Country	<b>28</b> Zip	Coi	intry		Trust Fund Contribution  8. This corporation owes or has paid the current of the	Added t		
24	25	29	30	,		· -		No No	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered Ag	ent		
MONOTO GI DATID					Name				
FORT THOMPSON AVE. LABELLE FL 33935				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
CODELLE PE 00800				83					
				84	City		<b>85</b> Zip (	ode	
					•	FL	'		
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida Stati State of Florida. Such change was	utes, the a s authorize	bove-i d by t	named corp he corporati	oration submits this statement for the purpose of clion's board of directors. I hereby accept the appoir	nanging its ntment as	s registered registered	
	m familiar with, and accept the o	bligations of, Section 607.0505, F	Florida Sta	tutes.				-	
SIGNATURE	Signature, typed or printed name of registers	ed agent and trie if applicable (NC	OTE Registere	d Agent	signature require	ad when reinstating) DATE			
12.	OFFICERS PD	AND DIRECTORS  DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS AND D			
NAME	NODI CO A DANG A MI		1.1 To		-	L	Change	☐ Addition	
STREET ADDRESS	FT. THOMPSON AVENUE			TREET AL	DRESS				
CITY-ST-ZIP	LA BELLE, FL 00000			1.4 CITY-ST-ZIP					
TITLE				TLE			Change	Addition	
NAME			2.2 N						
STREET ADDRESS CITY-ST-ZIP	1 ABCILE CI			IREET AL					
TITLE			2. 4 C	ITY-ST- TLE	ZIP		Change	Addition	
NAME	NOBLES, JR., LEWIS J.		3.2 N	AME			_		
STREET ADDRESS	620 FT. THOMPSON AVE	NUE	3.3 \$1	TREET AL	DDRESS				
CITY-ST-ZIP	V LABELLE FL	DELETE		ITY-ST-	ZIP		1.0	3 A A Second	
TITLE NAME	THOMPSON, KEVIN M.	T DECENE	4.1 TI 4.2 N			L	Change	Addition	
STREET ADDRESS	1805 FORT DENAUD RD.			IREET AL	DORESS				
CITY-ST-ZIP	LABELLE FL			TY-\$T-					
TITLE		☐ DELETE	5.1 TI	TLE		L	Change	☐ Addition	
NAME			5.2 N						
STREET ADDRESS				REET AL	1				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 C	TY-ST- TLE	zir		Change	Addition	
KAME		_	6.2 N			_	··- · <del>···</del>		
STREET ADDRESS			6.3 ST	REET AC	DRESS				
CITY-ST-ZIP			640	TY-ST-	71P				

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 receiver or frustee erripowered 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.

2/3/198

941-1075-1.1.99

**FILED** 

Apr 09 1998 8:00am