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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	UAL REPORT 1998	Secretary DIVISION OF C	of State ORPORATIONS	Secretary	of State
	MENT # 643657	(0)			
JUHN	A. PARRY, P.A.				
Principal Plac	ce of Business	Mailing Address		I SODITE BITH BIDED (1118 \$1101 \$601 \$1011 \$65	IN OFORM DIDIN CION BION (DD)
304 SW 15TH ST. OCALA FL 34474 US		P. O. BOX 120 CRYSTAL RIVER FL 34429 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1070	
2. Principal F	Place of Business	2a. Mailing Address		11/01/1979 4. FEI Number	Applied For
21		26		59-1952393	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	16	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 cu	urrent year Intangible
24	25 9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
ME	er, Kenneth M		81 Name		
619 EXECUTIVE DRIVE WINTER PARK FL 32789			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	*****
			63		
			84 City	Fl	85 Zip Code
 office or i 	registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida, Such change was au tions of, Section 607,0505, Flor	ithorized by the corpor ida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered ages OF FICERS AND		Registered Agent signature req	pulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRACTORS IN 12
TITLE	PSTO	☐ DELETE	1.1 TITLE	1218 W. SpherePl Beverly Huls FC	nange Addition
NAME	PARRY, JOHN R.	NAS HISPHERE	₽peme	The second second	·/ ·
STREET ADDRESS	-2275 N. WATERSEDGE DRIVE	Revenly Hilly		Bevery Hills FC	34465
CITY-ST-ZIP	-CRYSTAL RIVER FL 34429	3446 C	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		T provide	2 4 CITY-ST-7IP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		county)
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-S1-ZiP		
TITLE		DELETE	61 THILE		Change Addition
NAME OTRETT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing closs 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

Son Boffery

FILED

Apr 14 1998 8:00am