## 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

DOCUMENT #

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

Principal Plac 737 HIGHWAY PO BOX 385 DESTIN FL 32  2. Principal P 21 Suite, Apt. 22 City & Stat 23	Y 98 E 2541 Place of Busine		Mailing Ad 737 HIGHM PO BOX 3 DESTIN FL 28. Mailing 26	dress VAY 98 E 85 32541  Address  pt. #, etc.			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified 01/10/1980  4. FEI Number 59-1948767  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution	SPACE AI N. \$8.75 Fee R. \$5.00	pplied For ot Applicable Additional equired May Be to Fees
Zip		Country	Zip		Country	/	8. This corporation owes or has paid the cu	rrent vear In	tangible
24		25	29	30	o				□No
		and Address of Cu	rrent Registered Ag	ent			10. Name and Address of New Registered	Agent	
737 DE: 325	7 HWY 98 STIN, FL 541	MARK EVAN E POB 385			81 82 83 84	Street Add	fress (P.O. Box Number is Not Acceptable)	1 1	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed hands of registered and tills if anythcable. (NOTE. Registered Agent signature required when reinstating)  PATE									
12.	- Park	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	WOW MANY 504444	Ţ	DELETE	1.1 TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	737 HW	RICK, MARK EVAN Y 98 E POB 385 , FL 00000			1.2 NAME 1.3 STREET				
TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	1.4 City - S 2.1 Title	91. 718		☐ Change	Addition
NAME			•		2.2 NAME	Ì		Orlange	
STREET ADDRESS					2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 CITY-				
TITLE				DELETE	3.1 TITLE			Change	Addition
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STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP					3 4. CITY - 3	ST-ZIP			
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TITLE			L	DELETE	5.1 TITLE	`		Change	☐ Addition
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STREET ADDRESS					5.3 STREET	- 1			-
CITY-ST-ZIP TITLE			————	DELETE	5.4 CITY - S	T-ZIP		1 Obs	Addis-
NAME			L	7 100 1010	6.1 TITLE			Change	Addition
i				ļ	6.2 NAME	ADDRESS			
STREET ADDRESS CITY-ST-ZIP					6.3 STREET				
	ertify that th	e information supplied	d with this filing does	not qualify for the	6.4 CITY-S he exemp	i-ZIP   tion stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify 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 of 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, ovon an attachment with an address.