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 #

677579

(5)

	HERN SPRINGS DEVELOP DE of Business N 8T	Mailing Address 243 W. MAIN ST	N			
ALOPAN IL	32703	APOPKA FL 32703			DO NOT WRITE IN TH	IS SPACE
_					3. Date incorporated or Qualified 07/03/1980	
	Place of Business	2a. Mailing Address		****	4. FEI Number	Applied For
21	26				59-2052377	Not Applicable
	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22					4.5	Fee Required
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
K(DSCICKI, DENNIS			81 Name		
243 W. MAIN ST				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
APOPKA FL 32703			ļ			
				83		
			ł	84 City		85 Zip Code
44 5		500 - 1007 1500 51 : 1 6			F	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 507.1508, Florida St ite of Florida. Such change w	atutes, the at as authorized	ove-named cor I by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505	, Florida Stati	utes.		-
SIGNATURE	Signature, typed or printed name of registered	ancel and lyle if annicable	NOTE: Registered	Anoni sinnatura rom	ured when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELET e	1.1 1(1	LE		Change Addition
NAME	\$TRUCK, KENINETH		1.2 NA	ME		
STREET ADDRESS	1904 WRIGHT BLVD.		1.3 ST	reet address		
CITY-ST-ZIP	SCHAUMBURG IL		1.4 C(1	Y-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TIT	LE		Change Addition
NAME	KOSCICKI, DENNIS R.		2.2 NA	ME		
STREET ADDRESS	243 W. MAIN ST		2.3 STI	REET ADDRESS		
CITY-ST-ZIP	APOPKA FL	——————————————————————————————————————		TY-ST-ZIP		
TITLE	ļ	☐ DELETE	3.1 TIT	l l		Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE		TY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ OCCEPT	4.1 TIT			Change Chyddyfoli
NAME STREET ADDRESS			4.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CH 5.1 T(T	Y-ST-ZIP		☐ Change ☐ Addition
NAME	r .	- OLLEIE	5.1 M	1		
STREET ADDRESS			ŀ	REET ADDRESS		
			1	Y+ST-ZIP		
CITY-ST-ZIP		DEFETE	5.4 UII			Change Addition

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 furstee emptyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an appear of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the

6.2 NAME

6.3 STREET ADDRESS

NONATURE KEN (

STREET ADDRESS

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FILED

Feb 19 1998 8:00am

Secretary of State