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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Plac	AÇOLA AVENUE	Mailing Address 180 S CLINTON AVE. AT ATTN JEREMY HOTCHKI		OTCHKISS			
US		ROCHESTER NY 14846-500			DO NOT WRITE IN THIS SPACE		
		US			 Date Incorporated or Qualified 07/08/1950 	-	
Dringing D	lana of Rusyana	2a. Mailing Address			4. FEI Number		plied For
2. Principal Place of Business 21		26		63-0254712	— ———	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75		
22		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t		
Zip Country		Zip Country		8. This corporation owes or has paid the		angible] No	
24	25 Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register 11. Personal Property Tax due June 30.] NO
TH	E PRENTICE-HALL CORPORATION		81	Name	10.		
	NORTH MAGNOLIA STREET		82	Stroot Add	dress (P.O. Box Number is Not Acceptable)		
TAI	LLAHASSEE FL 32301		02	Street Aut	dress (P.O. box Number is Not Acceptable)		
			83	-			
			84	City		85 Zip (Code
				•		FL " ` `	
11. Pursuant office or r agent. La	to the provisions of Sections 607,0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statu f Florida: Such change was ions of, Section 607.0505, F	les, the above authorized by lorida Statutes	-named cor the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	se of changing its appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered source	soul allo if modes also. (NO)	34 : Booleloud Age	e cianolus rom	uired when reinstating) DA	11	
12.	OFFICERS AND	iii	13.	. organization requ	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	P	DELETE 1.1				Change	Addition
NAME	MCGEHEE, JEFFERSON		1.2 NAME				
STREET ADDRESS	201 S. PENSACOLA AVENUE		1.3 STREET A	ADDRESS			
CITY-ST-ZIP	ATMORE AL			- ZIP			
TiTL€	AS LAVERDI, BARBARA	DILETE 21				Change	Addition
NAME	400 C CUNTON AVENUE		2.2 NAME				
STREET ADDRESS	DOCUCCTED AIV		2.3 STREFT A 2.4 CHY-S	- 1			
CITY-ST-ZIP TITLE	AST	DELFTE 3.1		1 - 211'		Change	Addition
NAME	EVANS, MICHAEL L	321					
STREET ADDRESS	180 S CLINTON AVE		3.3 STREET A	ADDRESS			
CITY - ST- ZIP	ROCHESTER NY 00		3.4. CITY - S				
TITLE	C	DELETE 4				Change	Addition
NAME	CARR, JEREMIAH T.	4					
STREET ADDRESS	RESS 180 S. CLINTON AVE.		4.3 STREET /	ADDRESS			
CITY+ST-ZIP	ROCHESTER NY		4.4 CITY-ST	- ZIP			
TITLE	1	DELETE	5 1 THILF			Change	☐ Addition
NAME	ENIS, JOSEPH		5.2 NAME				
STREET ADDRESS	180 S CLINTON AVENUE		53 STREET /	ADDRESS			
CITY-ST-ZIP	ROCHESTER NY	·····	5 4 City-St				30
TITLE	DITTNED DONALD I	DELETE			rector	Change	Addition
NAME	BITTNER, RONALD L. 180 S. CLINTON AVENUE		6 2 NAME	36	SEPH P. CLAYTON 90 S. Clinton Ave,		
STREET ADDRESS	IOU O. ULIITI UN MYCNUC		6.3 S18F61 A	ADORESS I 🖊 🕻	SO SIGNIFICATION TO SI		

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

FILED

Apr 13 1998 8:00am

Secretary of State