## 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 # 828680

(9)

VOA A	1990CIA I	ES INCORPORATEI	,									
Principal Pla	ce of Busine	66	Mailing	Address					-			
1		<b></b>	•	Mailing Address					ļ			
200 S. ORAN SUITE 1300	ACE WAS		200 S. ORANGE AVE SUITE 1300					İ				
ORLANDO FI	L 32901		ORLANDO FL 32801					DO NOT WRIT	E IN THIS	SPACE		
US			US						3. Date Incorporated or Qualified			
			<del></del>						09/20/1972			
2. Principal	Place of Busi	2a. Mailing Address					4. FEI Number		A	pplied For		
21		26					36-2674078			ot Applicable		
Suite, Apt	i. #, eic.	_	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
City & Sta	ite	27 Ciby	City & State								equired	
23		28					Election Campaign Financing Trust Fund Contribution	П		May Be to Fees		
Zip	ip Country			Zip Cou			atry		This corporation owes or has p			
24		25	29	30		,	•		Personal Property Tax due Jun			∏ No
	g. Name	and Address of Curren		Agent	<u> </u>				10. Name and Address of New R			<del>- : : -</del>
VA	N STEENL	ANDT, MARC A				81	Name	3				
200 SOUTH ORANGE AVENUE, SUITE 1300						82	Street	1 Addres	ss (P.O. Box Number is Not Accepta	hla)		
ORLANDO FL 32801						Sileer Add			sa (r.O. box radiiber is not Accepta	Diej		
Ì												
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	sions of Sections 607.0502	2 and 607.150	8 Florida Stati	ites the	above	-name	d corpo	ration submits this statement for the		e	te registered
office or	registered ag	gent, or both, in the State	of Florida. Suc	ch change was	authori	zed by	the co	rporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the ap	pointment as	registered
	am iamilai w	iai, and accept the obliga	tions of, Secti	ion <del>6</del> 07.0505, F	iorida S	tatutes	•					
SIGNATURE	Signature, typed	for printed name of registered agen	at and title if applica	able. (NO	TE. Registe	ered Ager	nt signatur	re required	when reinstating)	DATE		<del></del>
12.		OFFICERS AND	DIRECTORS		13				ADDITIONS/CHANGES TO OFFI		D DIRECTOR	3S IN 12
TITLE	CD			DELETE	1.1	TITLE					Change	☐ Addition
NAME		y, wilmont			1,2	NAME						
STREET ADDRESS		AICHIGAN AVE., #1400	)		1.3	STREET	ADDRESS					
CITY - ST - ZIP		O IL 60604			1.4	CITY-ST	r- ZIP					
TITLE	PTD	•••		DELETE	2.1	TITLE					Change	Addition
NAME	TOOUS,					NAME			w.c.			İ
STREET ADDRESS		AICHIGAN AVE., #1400	;		1		ADDRESS	1	<del>-</del>			
CITY - ST - ZIP		O IL 60604		DELETE		4 CITY - ST	Y-ZIP					
TITLE NAME	VM VAN ST	EENLANDT, MARC A		☐ DECEIE		TITLE					L Change	Addition
STREET ADDRESS		DRANGE AVE., #1300				NAME	A DODEGO					
CITY - ST - ZIP		O FL 32801				STREET /						
TITLE	V	V . L VLVV 1		DELETE		. CITY-ST TITLE	1 - 412	<del> </del>			Change	Addition
NAME		HEODORE				NAME					onlinge	
STREET ADDRESS	,	PRANGE AVE., #1300				STREET A	ADDRESS	1				
CITY - ST - ZIP		O FL 32801				CITY-ST		1				1
TITLE	S			DELETE		TITLE	LII				Change	Addition
NAME		RD, WILLIAM S.			- 1	NAME		1				
STREET ADDRESS		IICHIGAN AVE., #1400	)			STREET A	ADDRESS					
CITY-ST-ZIP		O IL 60604				CITY-ST						
TITLE	VD			DELETE	_	TITLE					☐ Change	Addition
NAME	PECK, C	alvin H				NAME					-	
STREET ADDRESS		RANGE AVE., #1300				STREET A	ODRESS					
CITY-ST-ZIP		O FL 32801			1	CITY-ST-						
	ertify that the	e information supplied with	n this filing do	es not qualify f				ed in Se	ction 119.07(3)(i), Florida Statutes, I	further ce	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 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 changes on an attachment with an address.