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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # 8	38107	(1)								
Principal Plac	e of Business		Mailing Address					402101 #0101 #01 #10 ##11 891		//011 11011 01011 0	
3000 SOUTH WOODLAND DR DELAND FL 32720			P.O. BOX 3160 DELAND FL 32723-3160				DO NOT W	DITE IN TL	IIG SDACE		
US								3. Date Incorporated or Qualification 03/28/1977		IIO OI AOL	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			Applied For	
21		26				05-0342135		□	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired			5 Additional		
22		27 City & State							Required		
City & State	•	City & State				Election Campaign Financin Trust Fund Contribution	9 🗆	•	May Be		
Zip Country			Zıp Country			-	8. This corporation owes or ha			d to Fees	
24	25	,	29	30				Personal Property Tax due J	•	Yes	□ No
	9. Name and Addr	ess of Current		1001	Т			10. Name and Address of New			
BE/	UREGARD, RICHAR	D			81	Name	-				
	O S WOODLAND BL				82	Street A	Address	s (P.O. Box Number is Not Acce	otable)	_	
DEL											
					83						•
					84	City				85 Zi	ip Code
11. Pursuant office or reacent. La	to the provisions of Sec egistered agent, or bot m familiar with, and ac	tions 607.0502 a h, in the State of cept the obligation	and 607.1508, Florida Stat f Florida. Such change wa ons of. Section 607.0505.	tutes, the a s authorize Florida Sta	bove d by tutes	named of the corp	corpora	ation submits this statement for t 's board of directors. I hereby a	ne purposicept the i	e of changing appointment) its registered as registered
SIGNATURE											
12.	Signature, lyped or printed nan	FFICERS AND I		OTE: Registere	d Age	nt signature i	required w	when reinslating) ADDITIONS/CHANGES TO O	DATE		ORS IN 12
TITLE	PD	AT TOESTION TOEST	DELETE	1.1.7	ITLE		<u>-</u>	ADDITIONOJONANOLO TO O	TIOENS	Change	
NAME	BEAUREGARD, RI	CHARD		1.2 N	IAME					·	
STREET ADDRESS	P.O. BOX 3160 N	/A		1.3 S	TAEET	ADDRESS					
CITY-ST-ZIP	DELAND FL			1.40	HTY-S	T-ZIP					
TITLE	T		DELETE	2.1 T	ITLE					Change	e Addition
NAME	BEAUREGARD, RI			2.2 N	IAME	J					
STREET ADDRESS	P.O. BOX 3160 N	'A		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	DELAND FL				CITY-S	T-ZIP					
TATLE	•		☐ DELETE	3.1 T						L Change	e L Addition
NAME				3.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.1 T	TLF	1-219				Change	e Addition
NAME			_		NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 C	ITY-SI	r- Z tP					
TITLE			DELETE	5.1 T				<u> </u>		Change	e Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	address					ı
CITY-ST-ZIP					ity-si	r-ZiP					
TITLE			DELETE	6.1 TI						Change	e 🔲 Addition
NAME				6.2 N		1					
STREET ADDRESS				6.3 S	TBEET A	ADDRESS [

14. I hereby 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or 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 ennual report or supplied with the information indicated on this end of the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated on this end of the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(ii) in Section 119.07(i