## 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 #

(5)

Principal Place 116 WEST PA BIRMINGHAM	ARK DRIVE	Mailing Address PO BOX 19908 BIRMINGHAM AL 35219-08						
US		U\$			DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPAC	<u> </u>	
					10/20/1982			
	lace of Business	2a. Mailing Address	——————————————————————————————————————		4. FEI Number		Applied For	
Sulte, Apt	# etc	Suite, Apt. #, etc.			63-0668833			ot Applicable Additional
22	n, 010.	27			5. Certificate of Status Desired			equired
City & State	θ	City & State			Election Campaign Financing     Trust Fund Contribution	\$	5.00	May Be to Fees
Zip	Country	Zip	Coul	ntry	8. This corporation owes or has paid th			
24	25	29	30		Personal Properly Tax due June 30.	☐ Yes		No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registe	ared Agen	<u>t                                      </u>	
	CORPORATION SYSTEM			81 Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			İ	82 Street	Address (P.O. Box Number is Not Acceptable)			
			Ì	63				·
			}	84 City		FL 85	Zip	Code
SIGNATURE	Signature, typied or printed name of registered age	int and little if applicable (NOTE:	Registered			ATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		ECTOR Change	
TITLE	GUESS, HEARAL D	☐ DELETE	1.1 111			ш	nange	Addition
NAME	116 WEST PARK DR		1.2 NA					
STREET ADDRESS	BIRMINGHAM AL 35211		1	REET ADDRESS				
CITY-ST-ZIP TITUE	STD	DELETE	2.1 TIT	Y-ST-ZIP			hange	Addition
NAME	GUESS, MARILYN L		2.2 NA					
STREET ADDRESS	116 WEST PARK AVENUE		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL 35211		2. 4 CI	ry-st-zip			_	<u> </u>
TITLE		DELETE	3.1 111	LE			hange	Addition
NAME			3.2 NA	ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE	_	TY-ST-ZIP		——————————————————————————————————————	hange	Addition
TITLE		□1 nere is	4.1 TIT			ייי	cange	[ ] \u0000000
NAME STREET ADDRESS			4.2 N	ME REET ADDRESS				
CITY-ST-ZIP	l			Y-ST-ZIP				•
TITLE		DELETE	5.1 TiT				hange	Addition
NAME			5.2 NA		*		-	
STREET ADDRESS			5.3 ST	REET ADDRESS				

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 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

NAME

3-12.18

**FILED** 

Mar 19 1998 8:00am

Secretary of State

Addition