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

**PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F13823

(2)

LEW HENDERSON, P.A.

Secretary of State

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**FILED** 

Apr 14 1998 8:00am

Principal Place	of Business	Mailing Address					
2168 MAN STREET P.O. BOX 2496 SARASOTA FL 34237 SARASOTA FL 34230 US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
<b>A. B.</b> : 3(8)					01/07/1981		
	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2056686   Not Applicable   \$8.75 Additional		
22	.,	27			5. Certificate of Status Desired Fee Required		
City & State	)	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible		
24	25		30		Personal Property Tax due June 30. Yes No		
	9, Name and Address of Curre	INI Hegistered Agent		10. Name and Address of New Registered Agent  81 Name			
	IDERSON, LEW W.		L				
	2 WAX MYRTLE WAY		8	2 Street #	Address (P.O. Box Number is Not Acceptable)		
SAP.	RASOTA FL 34241		8		10'4 >1. N.W.		
			<u> </u>				
			8	City P	RADENTON FL 85 Zip Code 34209		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	The state of the s	31110110 01, 00011011 007 100001 7101					
	Signature, typed or printed name of registered as		<del></del>	gen) signature	Prequired when reinstating) DATE		
12.		ND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change		
TITLE	TSP HENDERSON, LEW		1.1 TITLE	- 1	Eg Change   Addition		
NAME CTREET ADDRESS	7322 WAX MYRTLE WAY		1.2 NAMI	ET ADORESS	411 75th ST. N.W		
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		1.4 CITY-		BRADENTON, FL 34209		
TITLE	DC	DELETE	2.1 TITLE		Change Addition		
HAME	HENDERSON, LEW	<u>-</u>	2.2 NAMI	.			
STREET ADDRESS	7322 WAX MYRTLE WAY			ET ADDRESS	411 75th ST. N.W.		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY	-ST-ZIP	HII 75th ST. N.W. BRADENTEN, FL 34209		
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAMI	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY		Change Addition		
TITLE		L' DEFEIE	5.1 TITLE	Į.	T CHANGE T WOULDI		
NAME CTOCET ADDRESS			5.2 NAMI	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-		☐ Change ☐ Addition		
NAME		Julius Control	6.2 NAM		1,000,000		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
			3.7 3177		A		

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 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 receivor 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.