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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F30564

(1)

CITRUS PLUS, INC.

**FILED** Mar 16 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  | DI DIILE BILIT BISH BISH DIBIL BIBIL BISH BISH BISH HODI                                     |
|--|--|
| 3. Date Incorporated o   | NOT WRITE IN THIS SPACE<br>r Qualified   |
| 2. Principal Place of Business         2s. Mailing Address         4. FEl Number   |  |
| 2. Principal Place of Business         2e. Mailing Address         4. FEI Number           21         59-2227700   | Applied For Not Applicable   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  | SR 75 Additional   |
| [22]   | Fee Required   |
| City & State City & State 6. Election Campaign F  28 Trust Fund Contribut  |  |
| <b></b>  | es or has paid the current year Intangible   |
| 24   25   29   30   Personal Property Te<br>  9. Name and Address of Current Registered Agent   10. Name and Address   | ax due June 30. Mary Yes Li No   |
| TODO, BILL 81 Name   |  |
| 1920 E ROBINSON ST 82 Street Address (P.O. Box Number is N   | ot Acceptable)   |
| ORLANDO FL 32803   |  |
| [63]   |  |
| 84 City  | 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statem office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | ent for the purpose of changing its registered<br>ereby accept the appointment as registered |
| SIGNATURE Signature, typed or printed name of registrated agent and Mie if applicable. (NOTE Registered Agent signature required when reinstating)   | DATE   |
|  | S TO OFFICERS AND DIRECTORS IN 12  |
| TITLE STM DELETE 1.5 TILE  | Change Addition  |
| NAME KAZAROS JR, ROBERT S 12 NAME  |  |
| STREET ADDRESS 920 S. LAKE ADAIR BLVD 1.3 STREET ADDRESS   |  |
| CITY-ST-ZIP   ORLANDO, FL 00000   1.4 CITY-ST-ZIP     TITLE   DP   | Change Addition  |
| NAME KAZAROS, ROBERT S 22 NAME   | L. Chiange L. Conton   |
| STREET ADDRESS 920 S. LAKE ADAIR BLVD 2.3 STREET ADDRESS   | ļ  |
| CRTY-ST-ZIP ORLANDO, FL 00000 2.4 CRTY-ST-ZIP  |  |
| TITLE DELETE 31 TITLE  | Change Addition  |
| NAME 32 NAME   |  |
| STREET ADDRESS  CHY-SI-ZMP  33 STREET ADDRESS  34 CHY-SI-ZMP   |  |
| TITLE DELETE 4.1 TITLE   | ☐ Change ☐ Addition  |
| NAME 4.2 NAME  |  |
| STREET ADDRESS 4.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | Change Addition  |
| TITLE DELETÉ 5.1 TITLE NAME 52 NAME  | C custing C Addition   |
| NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS   |  |
| City-St-ZiP 15.4 City-St-ZiP   |  |
| TITLE DELETE 6.1 TITLE   | ☐ Change ☐ Addition  |
| ,  |  |
| NAME 6.2 NAME  | I  |
| NAME  STREET ADDRESS  G 3 STREET ADDRESS  CITY - ST - ZIP  6 4 CITY - ST - ZIP   |  |

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