FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)

FILED Feb 16 1998 8:00am Secretary of State

CAHN L	JEVELUF	'ME	NI CO, INC								
Principal Place of Business					Mailing Address						
15 BIRDIE LAI PALM HARBOI	5 BIRDIE LANE ALM HARBOR FL 3468				!	DO NOT WRITE IN THIS SPACE					
										3. Date Incorporated or Qualified 09/01/1981	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For	_
21					Suite, Apt. #, etc.				-	59-2635772 Not Applicab	<u>le</u>
Suite, Apt. #, etc.					27					5. Centricate of Status Desired	\dashv
City & State					City & State					B. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip Country				28	Zip Country					Trust Fund Contribution	\dashv
24	25			29						Personal Property Tax due June 30. Yes No	
24	9, Name and Address of Curre									10. Name and Address of New Registered Agent	
CAI				 .		•	81	ı	Name		٦
CARR, STEDMAN H 15 BIRDIE LANE								_	Street Addres	ss (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34683								_			\dashv
											_
							84	(City	FL 85 Zip Code	
office or re agent. I as	anistered a	aent	or both, in the State	n of Floria	07.1508, Florida Stati da. Such change was f, Section 607.0505, F	s author	ized hv	, tr	named corpo ne corporatio	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	d)
SIGNATURE	Signature, type	d or bu	nted name of registered ac	jent and title	it applicable (NC	JIE: Regis	tered Age	ent e	aignature required	d when reinstating) DATE.	
12.			OFFICERS AN	ID DIREC		1	3.		····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	P	A			☐ DELETE 1.1 T					Change Addition	n
NAME					1.2 N						
STREET ADDRESS	BALLA HARROOD PL 04000							1.3 STREET ADDRESS			
CITY-ST-ZIP		IAK	OR FL 34683		DELETE		.4 CITY - S	1-2	ZIP	Change Addition	
TALE	ST CAPP	DDAI	34.6				.2 NAME		1	C. Orango C. Fasano	<i>^</i>
NAME	CARR, RRADA S 15 BIRDIE LANE							2.3 STREET ADDRESS			
STREET ADDRESS	BALLA LIADBAD EL MACOO							2. 4 CITY-ST-ZIP			- 1
CITY-ST-ZIP	· ZIF TALMITATION L 04000				DELETE		3.1 TITLE			Change Addition	on
NAME							2 NAME			_ ,	
STREET ADDRESS							.3 STREET	ΑD	ORESS		
CITY-ST-ZIP							.4. CITY - S		}		
TITLE					DELETE	_	.1 TITLE			Change Addition	on
NAME						4	. 2 NAME				
STREET ADDRESS						4	.3 STREET	AD	DDRESS		
CITY-ST-ZIP						4	.4 CITY - S	T-2	ZIP		
TITLE					☐ DELETE	5	.1 TITLE			Change Addition	nc
NAME						5	.2 NAME				
STREET ADDRESS						5	3 STREET	ΑD	ODRESS		
CITY-ST-ZIP						_	.4 CITY - S	Τ-,	ZIP		_
TITLE					DELETE	6	.1 TITLE			Change Addition	JN
NAME						6	.2 NAME				
STREET ADDRESS						6	.3 STREET	AD	DDRESS		
CITY-ST-ZIP						6	4 CITY - S	τ.;	ZIP		

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 or supplemental annual report is true and accurate and that my signature shall have the same logal 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.

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