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

PROFIT CORPORATION ANNUAL REPORT 1998



FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # F5122	4 (6)			BIN BIBNI BIBNI BIBNI BIBNI 1831
Principal Place of Business Mailing Address					OH BIOH BIOH BIRH BIRH TOOL
•		-	. HOWEY-IN-THE-HILLS		
P.O. BOX 3508 ORLANDO FL 32802		P.O. BOX 3508 ORLANDO FL 32802		DO NOT WOLLEN THE	0.004.05
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/20/1981	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2130304	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	Ð	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	[28] [Z ip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
BRADSHAW, C.E. JR.			81 Name		
1216 N. PARK AVENUE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789			83		
			83		
			84 City	F	85 Zip Code
11. Pursuant office or ragent. I a	io the provisions of Sactions 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Ste e of Florida. Such change wi gations of, Section 607.0505,	atutes, the above-named or as authorized by the corpor Florida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered a		NOTE Registered Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	BRADSHAW, C.E. JR.	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	THAT BOTTOM AND A CONTRACT ALMOST		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	_	1.4 CITY-ST-ZIP		
TITLE	1	DELETE	21 TITLE		Change Addition
NAME	SUGGS, JEAN S.		2.2 NAME		
STREET ADDRESS	26603 W COVE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DECEME	4.1 TITLE		T change T vooition
NAME STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		i
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-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 of supplementationnual report is the and a current 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changet, or on an electrometric with an address.