

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F60611** (3)  
1. Corporation Name  
**GEORGE S. FENDER, CPA, P.A.**

Principal Place of Business <b>111 NORTH ORANGE AVE. STE 1100 ORLANDO FL 32801-2375</b>	Mailing Address <b>111 NORTH ORANGE AVE. STE 1100 ORLANDO FL 32801-2375</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1836 WOODWARD ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>Orlando, FL</b> Zip 24 <b>32803</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1836 WOODWARD ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>Orlando, FL</b> Zip 29 <b>32803</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>12/30/1981</b>	4. FEI Number <b>59-2149067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent  
**FENDER, GEORGE S  
111 NORTH ORANGE AVENUE, STE 1100  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1836 WOODWARD ST**  
83  
84 City **Orlando** FL 85 Zip Code **32803**

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 office or 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>FENDER, GEORGE S</b>	
STREET ADDRESS	<b>111 N ORANGE AVE 1100</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>SO</b>	<input type="checkbox"/> DELETE
NAME	<b>FENDER, GEORGE STEVEN</b>	
STREET ADDRESS	<b>380 N ORANGE AVE SUITE 2200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>1836 WOODWARD ST</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<b>32801</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

CR2E034 (10/97)