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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

/E\

FILED May 06 1998 8:00am Secretary of State

Principal Place CHARLES 103 HOLLYW	INITIAN POPORATION THE OF Business E. MCDANIELS OOD BLVD., N.W. BCH. FL 32548	Mailing Address % CHARLES E. MCDANI 103 HOLLYWOOD BLVD. FT. WALTON BCH, FL 3	N.W.			DO NOT WRITE IN 3. Date Incorporated or Qualified 01/27/1982		
	Place of Business	28. Mailing Address				4. FEI Number 59-2146535		Applied For
21 Suite, Apt.	# atc	Suite, Apt. #, etc.					¢ρ 7/	Not Applicable 5 Additional
22		27				5. Certificate of Status Desired		Required
City & State	ө	City & State				8. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	├ ─┐		untry		8. This corporation owes or has paid the current year Intangible		
24	25 25	29 30				Personal Property Tax due June 30. Yes No		
110	 Name and Address of Curren CDANIELS, CHARLES E. 	r ueðistelen viðeut		B1	Name	10. Name and Address of New Regist	erea Agent	
	B HOLLYWOOD BLVD., N.W.		L					
	WALTON BCH. FL 32548			82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
			ŀ	83				
			ļ		ō:.			- A-4-
			.		City		FLITT	ip Code
office or agent a SIGNATURE	charles E. McDan Sprature typed or president appropriate of the sprature of th	iels					appointment Apri	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	MCDANIELS, CHARLES E.	☐ DELETE	1.1 T(T		1		☐ Chang	e 🔲 Addition
NAME	103 HOLLYWOOD BL., NW		1.2 NA					
STREET ADDRESS	FT WALTON FL			1.3 STREET ADDRESS 1.4 City - St - Zip				
CITY-ST-ZIP TITLE	P	DELETE	21 TIT		219		Chang	e Addition
NAME	MCDANIELS, CHARLES E		1	22 NAME				
STREET ADDRESS	103 HOLLYWOOD BL., NW			REET AD	DDRESS			
CITY-ST-ZIP	FT WALTON FL 32548			TY-ST-	l l			
TITLE		DELETE	3.1 TIT	't.E			☐ Chang	e 🔲 Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STI	reet ad	DRESS			
CITY-\$T-ZIP			3.4. CF	TY-ST-	ZIP			
TITLE		☐ DELETE	4.1 TIT		ļ		☐ Chang	e 🔲 Addition
NAME			4.2 NA					
STREET ADDRESS			J	REET AD				
CITY-ST-ZIP TITLE		DELETE	4.4 GIT 5.1 TIT	1Y-S1-2 LE	zir		Chang	e Addition
NAME			5.2 NA					
STREET ADDRESS				reet ad	DDRESS			
CITY-ST-ZIP			•	Y-ST-7	ſ			
TITLE		DELETE	6.1 TIT				☐ Chang	e 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 \$1	reet ad	DRESS			
CITY-ST-ZIP				و وعز ٧				
14. I hereby of indicated	pertify that the information supplied wi on this annual report or supplementa	th this filing does not qualify to I annual report is true and acc	or the ex- curate and	inplio that	n stated in S my signature	Section 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if man	er certify that t de under oath;	the information that I am an

te this report as required by Chapter 607, Florida Statutes; and that my name appears in