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

DOCUMENT #

(8)

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3035 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990 PALM CITY FL 34990				DO NOT WRITE IN THE STATE OF THE PROPERTY OF T	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2224595	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23 City & Sta	HE .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
	ESPER, DOUGLAS E		81 Name		
	31 SW South River Dr., #206 Tuart FL 34997		83	ress (P.O. Box Number is Not Acceptable)	ne Zio Codo
			84 City	Ţ.	85 Zip Code
office or agent. I SIGNATURE	Signature, type Lor publicd name of tegeter disc		as authorized by the corpora , Florida Statutes. NOTE Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the lired when reinstaling! DA' ADDITIONS/CHANGES TO OFFICERS	FE.
TITLE	PVTS	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OTTICEAS	Change Addition
NAME	VESPER, DOUGLAS E		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 FITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		ויין מנונונ	4.1 TITLE		CT CHANGE [T] AODICION
NAME PROCES ADDRESS			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 C(TY - \$1 - ZIP 5.1 TITLE		Change Addition
TITLE		C DECEIL			numbe Notings
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		רין טנונונ	6.1 TITLE		CI Change CI Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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.

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