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 #

F95000003338 (9)

FILED
Apr 14 1998 8:00am
Secretary of State

Principal Place 3852 VIRGIN PO BOX 941	CE of Business IA BEACH BLVD	Mailing Address 3852 VIRGINIA BEACH PO BOX 9410 VIRGINIA BEACH VA 2	BLVD		DO NOT WRIT		•• •	
THIONIEN DE	MAIL BIT BAJOR GETTE	ringillan bengil th E	V-TVC-V-TIV		3. Date Incorporated or Qualified 07/12/1995			
	incipal Place of Business 2a. Mailing Address				4. FEI Number		A	pplied For
21		26			54-1766287			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional leguired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees				
Zip Zip	Country	Zip	Countr	У	8. This corporation owes or has p		_ ` •	
24	25 9. Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R			No
	T CORPORATION SYSTEM	i negistered Agent	81	Name	IV. Haille Bitt Addiess of New N	edistoren y	-Baue	
	200 SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Accepta	blo)		
	ANTATION FL 33324			Street Add	iless (1.0. Box Number is Not Accepte			
			83	3				
			84	City			85 Zip	Code
<i>3</i> 4 5		0 1007 (500 5) 1 0				FL		
office or	registered agent, or both, in the State	z and 607.3508, Florida Stat of Florida, Such change wa	s authorized b	ve-named cor by the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose of opt the app	cnanging i pintment as	its registered s registered
	am familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statute	95.				
SIGNATURE	Signature, typed or porried name of registered ages	nt and little if applicable (N	O1E Registered Ag	pent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	
TITLE	PSD	☐ DELETE 1.1					Change	Addition
NAME	MCKNIGHT, WILLIAM E		1.2 NAME					
STREET ADDRESS	3852 VIRGINIA BEACH BLVD		•	T ADDRESS				
CITY-ST-ZIP TITLE	VIRGINIA BEACH VA	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP			Change	Addition
NAME	CAROL L. MCKNIGHT		2.7 TITLE 2.2 NAME				- Outsingo	
STREET ADDRESS	3852 VIRGINIA BEACH BLVD			T ADDRESS		• • •		
CITY-ST-ZIP	VIRGINIA BEACH VA		2. 4 CITY-					
TITLE	1	DELETE	3.1 TITLE				Change	Addition
NAME	M. DEBORAH BLAKER		3.2 NAME					
STREET ADDRESS	3852 VIRGINIA BEACH BLVD		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	VIRGINIA BEACH VA		3.4. CITY-	ST-ZIP			<u> </u>	
TITLE		☐ DELETE	4.1 TITLE				Change	
NAME	{		4. 2 NAME	l				
STREET ADDRESS	ļ			T ADDRESS				
CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY - 5.1 TITLE	311LIF			Change	Addition
NAME	1	page / E	5.2 NAME	ľ				
STREET ADDRESS	1			T ADDRESS				
CITY-ST-ZIP	1		5.4 CITY-	Į				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME	l		6.2 NAME					
STREET ADDRESS	}		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY-					
14 Ihereby	certify that the information supplied with	th this filmo doos not qualify	for the every	ntion stated in	Section 119 07/3)(i) Florida Statutes	I further cer	tifu that the	a information

4. 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 Irustice 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.

SIGNATURE:

m. Rebows Blaken

3/30/98 757-340-6000