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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

	NAME OF BUSINESS						
3838 40TH S1	• •	3838 40TH ST.					
DES MOINES IA 50310-3617		DES MOINES IA 50310-3617					
		-			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 04/23/1996		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	T IA	pplied For
21		26			42-1325396	<b>⊢</b> +	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			b. Certificate or Status Desired	Fee R	lequired
City & State	)	Cily & State			6. Election Campaign Financing		May Be
23	Country	28	1 C-	into:	Trust Fund Contribution		to Fees
Zip	Country	Zip 29	<b>⊢</b> —	intry	<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>		ntangible ☑ No
24]	25 Name and Address of Current		30	T	10. Name and Address of New Registered		1110
RR	GGS, JOHN C			81 Name			
25501 TROST BLVD., #8-48 BONITA SPRINGS FL 33923				BE BE	RIGGS, JOHN C.		
				82 Street Addre	ess (P.O. Box Number is Not Acceptable) 5501 TCOST BLVD, #8-48		
	HITA OF AIRCO FE COOSES			83	7501 1.001 DEVD. #0 4	<u>V.</u>	
				<u> </u>	·	1221 =	
				84 City	ONITA SPRINGS, FL	_  65  Zip _ 3/	Code 4135
SIGNATURE	m familiar with, and accept the obligat			tules. d Agent signature require	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN		
TATLE	CPT LEON L	DELETE	1.17	ſ		Change	Addition
NAME	GARDNER, LEON L		1.2 N				
STREET ADDRESS	3838 40TH ST.		1	THEET ADDRESS			
CITY-ST-ZIP	DES MOINES IA 50310-3617	DELETE		ITY-S1-ZIP		Change	Addition
TITLE	GARDNER, MARK R	□ DELETE	2.1 7			- Change	L. MODITION
NAME	3838 40TH ST.		2.2 N	TREET ADDRESS			
STREET ADDRESS CITY-S1-ZIP	<b>DES MOINES (A 50310-3617</b>			CITY-ST-ZIP			
TITLE	=== 11101111111111111111111111111111111	DELETE	311			Change	Addition
NAME			3 2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				SITY-ST-ZIP			
TITLE		DELETE	4.1 10			Change	Addition
NAME			4.21	IAME			
STREET ADDRESS			435	TREET ADDRESS			
CITY-ST-ZIP			1	ITY-ST-ZIP			
TITLE		☐ DELETE	5.1 7	TLE		Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$	IREE1 ADDRESS			
CITY-ST-ZIP			5.4 0	ITY-ST-ZIP			
TITLE		DELETE	611	TLF	-	Change	Addition

14. Thereby 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 affect 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.

6.2 NAME