## 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 # F9700005409 (4)

## **FILED** May 11 1998 8:00am Secretary of State

FORTUNE MANAGEMENT SERVICES, INC.	
Principal Place of Business Mailing Address	I hangis angitt angit natig katig katist night ning natiga tag tag t
1800 WEST STATE RD. 434 #112 1200 WEST STATE RD. 434 #112	
LONGWOOD FL 32750 LONGWOOD FL 32750	DO NOT WRITE IN THIS SPACE
3. Date Incorporate	
10/14/1997	yo or addinion
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-347068	h—————————————————————————————————————
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Sta	SR 75 Additional
22 27	Fee Required
City & State City & State 6. Election Campai	·
23 Trust Fund Contr	
	owes or has paid the current year Intangible
	y Tax due June 30. Yes No
CORPORATION SERVICE COMPANY 81 Name	ess of New Hegistered Agein
1901 LAVE OTHERST	
TALLAHASSEE FL 32301-2525	is Not Acceptable)
83	
84 City	S Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this sta	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.	. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of trigistered agent and title if applicable (NOTE Registered Agent signature required when reinstating)	DAYE
12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHAN	
	NGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 11 TITLE	NGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE D DELETE 11 TITLE  NAME HACKETT, DOUGLAS S 12 NAME	
TITLE D DELETE 11 TITLE  NAME HACKETT, DOUGLAS S  STREET ADDRESS 1200 WEST STATE RD. 434 #112 1.3 STREET ADDRESS	
TITLE D DELETE 11 TITLE  NAME HACKETT, DOUGLAS S  STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32760 DELETE 11 TITLE  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME HACKETT, DOUGLAS S STREET ADDRESS 1200 WEST STATE RD. 434 #112 LONGWOOD FL 32760  TITLE PST THOMAS, SHAWN M STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 13 if changed, or on an effective with an address

SIGNATURE:

4-20-98