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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06521

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Principal Place of Business Mailing Addre					THEOLOGY OR OR OR BUT OF THE BUT OF THE PROPERTY OF THE FOREIGN OF THE PROPERTY OF THE PROPERT
C/O ROGER K HUMKE 112 AUTUMN DR LONGWOOD FL 32 779		C/O ROGER K HUMKE 112 AUTUMN DR LONGWOOD FL 32779			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	 				10/29/1982
2. Principal Place of Business		2a. Marling Address	k1		4. FEI Number Applied For
21		26			59-2231185 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	rum - q		5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 26	Ζ(μ) 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 🔀 No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
HUMKE, ROGER K 112 AUTUMN DR LONGWOOD FL 32779				81 Name82 Street	Address (P.O. Box Number is Not Acceptable)
				83	
				84 City	FL 85 Zip Code
office o	nt to the provisions of Sections 607.05 r registerod agent, or both in the Stat am familiar with, and accept the obli	le of Horida. Such change wa	is authorized	by the cor	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature typical or printed name of registered a	gent and plic if approache (N	VOIL Hegistered	l Agent signatur	o required when teinstating) DATE
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE			LE	Change Addition
NAME HUMKE, ROGER K			1.2 N/	ME	

112 AUTUMN DR STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TOTLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 111LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CHTY-ST-ZIP

5.1 THLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELLTE

DELETE

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 effect as if made under eath; 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.

SOMETHER OF A AND A DOCE V. However A. 1005 U. Somether

CR2E034 (10/97)

Change

Change

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State