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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07 1998 8:00am Secretary of State

1. Corporatio	MENT # G6500 NATION HOLD BOOK NATION OF THE PRISES, INC.	2 (9)						
Principal Place of Business Mailing Address				-		-{ - 1007/11 4010 0116 0111 0014 0016 0016 0	(1847 BYON DIQUEBROIS I	HIDU DADRI ADDI
% JOHN O. I	MOENCH	% JOHN O. MOENCH	% JOHN O. MOENCH					
	ATER BL. SO.	905 SWEETWATER BL. SO.						
LONGWOOD	FL 32779	LONGWOOD FL 32779				DO NOT WRITE IN	I THIS SPACE	
						3. Date Incorporated or Qualified 10/14/1983		
2. Principal P	lace of Business	2a, Mailing Address				4, FEI Number		Applied Co.
21	26					59-2326452		Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				<u> </u>	Additional
22		[27]				Certificate of Status Desired		Required
City & State	e	City & State				6. Election Campaign Financing		0 May Be
Zip	Country	Z(p)	Country			Trust Fund Contribution		
24	25 29 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	DENCH, JOHN O.		8	i Na	ne			
	S SWEETWATER BL. SO.		8:	2 Str	et Addre	ess (P.O. Box Number is Not Acceptable)	1	
LONGWOOD FL 32779				<u> </u>				
			8	3				
			64	64 City			FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above	ve-nan	ed coroc	pration submits this statement for the nurr	CL	its registered
l	ogistered agent, or both, in the Stale of familiar with, and accept the obliga-	of Florida. Such change was a tions of, Section 607.0505, Flor tions of Section 607.0505.	uthorized t rida Statute	by the	orporation	oration submits this statement for the purp on's board of directors. I hereby accept the	he appointment a	es registered
SIGNATURE	Signature, type 3 or per test name of regelecce) apen	TCM) elder tappt able (NOTE	Registered As	gent sign	Mure require	d when reinstating)	DATE	
12.	OFFICERS AND		13.		· · · ·	ADDITIONS/CHANGES TO OFFICER		DRS IN 12
TITLE	DVP	☐ DELETÉ 1.11		1.1 TITLE			☐ Change	Addition
NAME	MOENCH, JOHN O	1.2 N						
STREET ADDRESS	905 SWEETWATER BLVD S	1.3		1.3 STREET ADDRESS				
CITY-ST-ZIP	LONGWOOD, FL 00000		1.4 CITY-ST-ZIP					
TITLE	MOENCH, MARY C	☐ DELETE	2 1 TITLE				Change	Addition
NAME STREET ADDRESS	905 SWEETWATER BLVD S			22 NAME				
CITY-ST-ZIP	LONGWOOD, FL 00000			23 STREET ADDRESS				
TITLE	2011011000,12 00000	DELETE	2 4 CHY	-ST - ZIP	+-		Change	☐ Addition
NAME			3 2 NAME				спанде	L ROUNION
STREET ADDRESS			3.3 STREE		ss I			
CITY-ST-ZIP	The state of the s		3.4. CITY		_			İ
TITLE		DELETE 4.1 TH					☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	1 ADDRE	is			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TALE		L DEIFTE	5.1 TITLE				Change	Addition
NAME			5 2 NAME		-			
STREET ADDRESS			53 STREE		is			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- S				T 0	12200-
NAME				6.1 TITLE 6.2 NAME			L Change	
STREET ADORESS			6.3 STREE		e l			
CITY+\$1-ZIP			6.3 STREE					
	ertify that the information supplied wit	this filing does not qualify for	the exemp	otion s	ated in S	oction 119.07(3)(i), Florida Statutes. I furt	ther certify that th	e 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.

SIGNATURE: