2-10-98 B- 1826 - C 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 #

(5)

Principal Place of Business	Mailing Address					
116 E. ALTAMONTE DR SUITE 210 ALTAMONTE SPRINGS FL 32701 US	118 E. ALTAMONTE DR 210 ALTAMONTE SPRINGS FL 32701 US					
2. Principal Place of Business	2e. Mailing Address					
11	26					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
22	27					
						
City & State	City & State					
	City & State					
City & State						

FILED Feb 10 1998 8:00am Secretary of State



UN								
Principal Place	e of Business	Mailing Address			- I SODIAN BOOK IDION NATA OPIRE NIKU I	WOLDSHIELD	il digit digit di	OHF OUT IN FOOT
116 E. ALTAI SUITE 210		118 E. ALTAMONTE DR 210						
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FI		. 32701		DO NOT WRITE IN THIS SPACE				
US		U\$			3. Date Incorporated or Qualified 02/01/1984			
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-2468623		N	lot Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired		4	Additional lequired
City & State	e 	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25		Country 30		8. This corporation owes or has p Personal Property Tax due Jun			ntangible No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered	Agent	
WI	LSON, RONALD L.		81 Na	ame				
1325 MAURY RD ORLANDO FL 32804		82 St	reet Addr	ess (P.O. Box Number is Not Accepte	ible)			
l ou	LANDO FL 32004		83					
			84 Ci	ty		FL	85 Zip	Code
Office or re	to the provisions of Sections 607.06 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	ithorized by the	med corp corporati	poration submits this statement for the ion's board of directors. I hereby acceptable	purpose or pt the app	f changing i pointment as	ts registered registered
SIGNATURE	Signature, typical or protect micro of registerest a	ger Carestille if application (NOTE	Registered Agent sig	nature require	ed when reinslating)	DATE	 	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	DP	DELETE	1.1 TITLE				Change	Addition
NAME	WILSON, RONALD L.		1.2 NAME					
Street address	116 E ALTAMONTE DR ST	210	1.3 STREET ADDR	ESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP					
TITLE	DV	DELETE	2.1 TITLE		•		Change	☐ Addition
NAME	ROBINSON, ORRIS H		2 2 NAME					
STREET ADDRESS	165 DURHAM PLACE	<u> </u>	2 3 STREET ADOR	ESS				
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY - ST - ZIF	,				
TITLE		☐ DELEJE	3.1 TITLE				L Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR					
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - ST - ZIF	<u>'</u>				
i			4.1 TITLE				Change	Addition
NAME			4.2 NAME					İ
STREET ADDRESS			4.3 STREET ADDR					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP	_			Channe	Additor
NAME		ום מנוות	5 1 TITLE				Change	Addition
STREET ADDRESS			5.2 NAME	100				
			5.3 STREET ADDR					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	+			Change	- Addition
NAME		_ bittle	6.1 TITLE				L) Claringe	☐ Addition
-			6 2 NAME					
STREET ADDRESS			6.3 STREET ADDR	ESS				

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 oath; that I am an officer or director of the corporation of 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 changes on an attachment with an address

2/4/98

(407) 331-3646