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

PROFIT CORPORATION ANNUAL REPORT 1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

30N	UATAYPHON	E 3131ENO	, ING.								
Principal Place of Business			M.	Mailing Address				7 4111 61311 67 6			
7925 SULLY DRIVE				7925 SULLY DRIVE			ţ				
ORLANDO FL 32818			•	ORLANDO FL 32818				DO NOT WRI	TE IN THIS	SPACE	
								3. Date incorporated or Qualified			··· · · · · · · · · · · · · · · · · ·
								07/05/1984	•		
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number Applied For			
21			26	- F "1 — "			59-2428432		 	ot Applicable	
Suite, Apt. #, etc				Suite, Apl. #, etc.					\$8.75	Additional	
22			27	27			5. Certificate of Status Desired		Fee Re	equired	
City & State				City & State			6. Election Campaign Financing		\$5.00	May Be	
23			28	28			Trust Fund Contribution		Added	to Fees	
Zip	Zip Country		ļ ₁	, ' 		Country		8. This corporation owes or has paid the current year Intan			
24	25		29			<u> </u>		Personal Property Tax due June 30. Yes No			No.
		nd Address of C	urrent Regis	lered Agent				10. Name and Address of New	legistered	Agent	
	SULLY, HERBE					81	Name				
7925 SULLY DRIVE				82 Street Ad			Street Add	ress (P.O. Box Number is Not Accept	able)		
ORLANDO FL 32818											
						83					
						84	City			85 Zip	Code
									<u>FL</u>		·
11. Pursuar office of	nt to the provision r recistered agen	is of Sections 60 it, or both, in the	7.0502 and 6 State of Florid	07-1508, Florida St Ta-Such change w	latutes, th∈ ⁄as authori	above ized by	e-named corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the apt	ot changing i pointment as	ts registered registered
agent I	am familiar with,	and accept the	obligations of	, Section 607.0505	, Florida S	Statutes	5.	•			-
SIGNATURE											
	Signature hypertor.	printed marrie of regular	ndageza id He S AND DIBLO	y		lored Age 3.	nl signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIDECTOR	DC IN 12
12.	PD	CITICAL	O MAIN LAIDE C	DELFTE		1 TITLE		ADDITIONS/CHANGES TO OF	ICERS AN	Change	Addition
NAME	1	ierbert H.		Боши		2 NAME	İ				
STREET ADDRESS		LLY DRIVE					ADDRESS				
1	ORLAND					4 CITY-S	1				
CITY-ST-ZIP TITLE	VD	<u> </u>		DELETE		1 TITLE	1.21			Change	Addition
NAME		robert R.				2 NAME	1				_
STREET ADORESS		TON LANE					ADDRESS				
1		SPRINGS FL			1	4 CHTY-5					
CITY-ST-ZIP TITLE	S	er intoo i L	· · · · · · · · · · · · · · · · · · ·	DELETE		<u>4 GHT-2</u> 1 TITLE	71 - EJI			Change	Addition
NAME	GENGE !	SALLY ANNE		<u> </u>		2 NAME					_
STREET ADDRESS		TON LANE					ADDRESS				
CITY-ST-ZIP		SPRINGS FL				4. DITY - S					
TITLE	7			DELETE		1 TITLE			**************************************	Change	☐ Addition
NAME	SULLY, H	IFI FN T				2 NAME				•	
STREET ADDRESS		LY DRIVE					ADDRESS				
CITY+ST-ZIP	ORLANDO					4 CITY-S	1				
TITLE	J. 2. 110			OFLETE		1 TITLE	-			Change	Addition
NAME							1			-	
STREET ADDRESS					5.	2 NAME					
1	s						ADORESS				
	s				5	3 STREET	ADORESS 1-7IP				
CITY-ST-ZIP TITLE	s	<u></u>		☐ DELETE	5 5	3 STREET 4 CITY - S				Change	☐ Addition
TITLE	s	<u></u>			5 5 6	3 STREET				Change	Addition
		····			5 5 6	3 STREET 4 CITY - S 1 TITLE 2 NAME				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 effect as if made under oath; that I am an officer or director of the corporation of this 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 chapted or on an attackgreat with an address.

FILED

Mar 19 1998 8:00am

Secretary of State