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

PROFIT • **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

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HOR BOX 21										
332 HOWELL ST. 332 HOWELL ST.						DO NOT INDITE WERE SOLOT				
ST. GEORGE ISLE FL 32328 ST. GEORGE ISLE FL 3			328			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualified 10/22/1984			}	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For		
21		26						t Applicable		
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\$</b>	<b>8.75</b> / Fee Re	Additional equired		
City & Stat	9	City & State			6. Election Campaign Financing		5.00	May Be		
23		28				Trust Fund Contribution Added to Fees				
Zip	Country Zip			ry		8. This corporation owes or has paid the current year Intangible				
24	25 29 30		30	· · · · · · · · · · · · · · · · · · ·		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	it Registered Agent		41		10. Name and Address of New R	egistered Age	nt		
	NBOM, PAUL W		8	1 Nan	10					
	<del>2R-80X-21 -&gt;</del>		82 5		et Addre	ss (P.O. Box Number is Not Accepta	ble)			
	2 HOWELL ST.		-				<del>, ,</del>			
ST. <b>Ge</b> orge isle fl 32328			8	83						
			8	4 City			FL 8	Zip (	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga							nging it nent as	s registered registered	
46	Signature, typed or printed name of registered age			gent signa	ure require	d when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE DE	COTOR	C.M. 40	
12.	OFFICERS ANI	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFI		Change	Addition	
NAME	<del></del> ·			1.2 NAME				or carrigo		
STREET ADDRESS	AND MANUAL ATTICK 222 TOWALL			1.3 STREET ADDRESS						
CITY-ST-ZIP	ST. GEORGE ISLAND FL			1.4 CITY - ST - ZIP						
TITLE				21 TITLE		- Auto-to-		Change	Addition	
NAME	LONBOM, SARA P			22 NAME			_	•		
STREET ADDRESS	500 HOUSE 67			2.3 STREET ADDRESS						
CITY-ST-ZIP	ST. GEORGE ISLE FL		1	2 4 CITY-S1-ZIP						
TITLE				3.1 TITLE				Change	Addition	
NAME	3.21		3.2 NAME	E						
STREET ADDRESS	3.3		3.3 STRE	ET ADDRES	s					
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NAME			4. 2 NAM	4. 2 NAME					ļ	
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CITY-ST-ZIP	· <del></del>		4.4 CITY	4.4 CITY-ST-ZIP						
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NAME			1	5.2 NAME						
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CITY-ST-ZIP		I NEUTEC	5.4 CNY-		<del></del>		<del></del>	Ohou	Aparen	
TITLE		DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS				ET ADDRES	S					
CITY-ST-ZiP	certify that the information supplied w	ith this filing does not qualify fo	6.4 CITY		l ated in S	Section 119.07(3)(i), Florida Statutes.	I further certify	that the	information	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Frorad Statutes. I further certify that the informatic 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 changed, or on an attachment with an address.

**FILED** 

May 18 1998 8:00am

Secretary of State