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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(4)

Principal Place of Business Mailing Address	aran aran tetta tetad birit tikali tibat minti pratt Stätt Billi Albit Albit (164)
1461 SEMINOLA BLVD. CASSELBERRY FL 32707 CASSELBERRY FL 32707	DO NOT WRITE IN THIS SPACE
3. Date	Incorporated or Qualified
	03/1984
2. Principal Place of Businoss 2a, Mailing Address 4. FEI N	
	P2477431 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	ficate of Status Desired S8.75 Additional
22 27 City & State City & State A Flect	Fee Required
The clock	ion Campaign Financing \$5.00 May Be Fund Contribution Added to Fees
	corporation owes or has paid the current year Intangible onal Property Tax due June 30.
	e and Address of New Registered Agent
ELLIOTT, PETER 8	
466 PMPV OROTT LAND	ALL LANGE AND A CONTRACT OF THE CONTRACT OF TH
460 PIRET CHOFT LANE:  MATLAND FL 32751	ox Number is Not Acceptable)
83	· · · · · · · · · · · · · · · · · · ·
84 City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation sub- office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>	mits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered
SIGNATURE POL J. SILVI PETER S. ELLIOT	1/5/98
Signature, typed or printed name of registered agent and title d applicable. (NOTE Registered Agent signature required whon reinstal	1121.10
Styratural typed or printed name of registered agent and tale of applicable (NOTE Registered Agent signature required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature. Speed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT TITLE DP LIFE 1.1 TITLE	ing) DATE
Signature. Speed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT TITLE DP LITTLE DP LITTLE SAME LITTLE 1.2 NAME	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and table of applicable. (NOTE Registered Agent signature required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT THE DP LIFE 1.1 TITLE DP LIFE 1.2 NAME STREET ADDRESS 460 PINEY CROFT LANE 1.3 STREET ADDRESS 1.3 STREET ADDRESS	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature. Spread or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstal 12. OFFICERS AND DIRECTORS 13. ADDIT TITLE DP LLIOTT, PETER S. 1.1 TITLE 1.2 NAME STREET ADDRESS 460 PINEY CROFT LANE 1.3 STREET ADDRESS CITY-ST-ZIP MATLAND FL 1.4 CITY-ST-ZIP	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
Signature. Open or printed name of registered agent and table of applicable.  12. OFFICERS AND DIRECTORS  13. ADDIT  TITLE  DP  ELLIOTT, PETER S.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  (NOTE Registered Agent signature required when reinstal  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  DT  DELETE  2.1 TITLE  2.1 TITLE  2.1 TITLE  2.1 TITLE  2.2 TITLE	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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Signature in pred or protect name of registered agent and table of any placeble.  12. OFFICERS AND DIRECTORS  13. ADDIT  11. ITITLE  NAME  ELHOTT, PETER S.  460 PINEY CROFT LANE  MATLAND FL  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  ELLIOTT, LOUISE B.  480 PINEY CROFT LANE  MATLAND FL  DELETE  2.1 TITLE  DT  ELLIOTT, LOUISE B.  480 PINEY CROFT LANE  MATLAND FL  2.3 STREET ADDRESS  CITY-ST-ZIP  MATLAND FL  2.3 STREET ADDRESS  CITY-ST-ZIP  MATLAND FL  3. STREET ADDRESS  1.4 CITY-ST-ZIP  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  MATLAND FL  400 PINEY CROFT LANE  MATLAND FL  2.4 CITY-ST-ZIP	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
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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 armual roport is frue 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. 1/5/98 (407) 698-2555

SIGNATURE: