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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

•	MENT # H33485 & MCKINLEY, P.A.	5 (4)			
Principal Place	e of Business	Mailing Address			
960 N. COCOA BLVD. P.O.BOX 1450 COCOA FL 32923		960 N. COCOA BLVD. P.O.BOX 1450 COCOA FL 32923			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address	 		12/11/1984 4. FEI Number Applied For
21		26			59-2505555 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	· • • • • • • • • • • • • • • • • • • •		r		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		veðisratan Yðeur		1 Name	
WOHN, ROBERT A., JR. 960 N. COCOA BLVD. COCOA FL 32923-8450			8:	2 Street	t Address (P.O. Box Number is Not Acceptable)
			84	4 City	E 85 Zip Code
SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State in familiar with, and accept the obligation signature, typod or proted name of registered agen		_		d corporation submills this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOHN, ROBERT A., JR.		1.2 NAME		
STREET ADDRESS	Of to the stocket three to the			ET ADDRESS	
CITY-ST-ZIP	COCOA FL	DELETE	1.4 CITY-		Change L Addition
TITLE	PD	☐ DELETE	2.1 TITLE	ì	Change Addition
NAME STREET ADDRESS	MOMITELI, DITOCE 1.		2.2 NAME	1 ADDRESS	
CITY-ST-ZIP	304 GLENRIDGE RD. COCOA FL		2.4 CITY		
TITLE		DELETE	3.1 TITLE	-31-21	☐ Change ☐ Addition
NAME			3.2 NAME		_ •
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY	ſ	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	: 1	†
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE	DELETE 5.1		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

14. I hereby 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 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.

FILED

Jan 21 1998 8:00am

Secretary of State