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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H39643 (2)

L. KRISTEN WARBINGTON, P.A.

Feb 05 1998 8:00am Secretary of State

FILED

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Principal Place of Business Mailing Address											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
705 E. OAK ST., SUITE F KISSIMMEE FL 34744			705 E. OAK ST., SUITE F KISSIMMEE FL 34744									
							DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualif	iea		
									01/23/1985 4. FEI Number			aniad For
	2. Principal Place of Business			— <u> </u>	2a. Mailing Address						<u> </u>	oplied For of Applicable
21	5 6 4 .		26	Suite Act # etc				59-2483412			Additional	
	Suite, Apt. #, etc.			 	Suite, Apt. #, etc.				5. Certificate of Status Desired	ı 🗆	*	Aggitional equired
22	City & State			City P. State	City & State							
	City & State								 Election Campaign Financial Trust Fund Contribution 	ig 🗀		May Be to Fees
23	Zip	Country Zip Co		untry	,		8. This corporation owes or ha					
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24			dress of Curre	nt Registered Agent	190	1			10. Name and Address of New		Agent	
	LA/A					B1	Nai	me			···	
		IRBINGTON, L. KF										
		S E. OAK ST., SU				62 Street Ac		eet Addre	ss (P.O. Box Number is Not Acce	eptable)		
	VIO	SIMMEE FL 3474	4			83						
						84				FI	' '	Code
11.	Pursuant	to the provisions of	Sections 607.05	02 and 607.1508, Florida \$	Statutes, the a	bove	e-nan	ned corpo	ration submits this statement for	the purpose	of changing i	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or proded name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.		Signature, typed or printed		VD DIRECTORS	13.	o Ayı	JIK BIQ	a:cre recluited	ADDITIONS/CHANGES TO C		D DIRECTOR	RS IN 12
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	-ST-ZIP	and the that the inform	nation eupplied	with this filing does not gue				teteri in S	ection 119.07(3)(i). Florida Statut	es. I further o	certify that the	information

I nereby certify that the information supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio 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.

**Control 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 the corporation of the corporation 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 the corporation of the cor