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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FILED Apr 21 1998 8:00am Secretary of State

WILLETT OCUMINISTE ~ CADICLAC, INC.				
Principal Place of Business 101 N. COUNTRY CLUP RD. 501TE 218	Making Address JoliN. Co. SUITE	INTRY CLUB RP	DO NOT WRITE IN TH	IS SPACE
LAKE MARY, FL. 3274	6 LAKE MA	1RY, FL. 32746	3. Date Incorporated or Qualified 02 - 26 - 1985	
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-1164248	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. # etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25	[29]	[30]	Personal Property Tax due June 30.	
9. Name and Address of Current	nafigialan Wânii	81 Name	10. Name and Address of New Registere	n when
WILLETT, DWAINE	۷.	J. Name		
101 N. COUNTRY CLU			ess (P.O. Box Number is Not Acceptable)	
SUITE 218		83		
LAKE MARY FL. 3	32746	84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508. Florida <mark>Sta</mark> tute Florida. Such chang e was a	uthorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
		wa otototo.		
SIGNATURE Signature typical or profed name of registered agent	an Fille if applaighe (NOT)	Rogislerec Agent signature required	d when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE P/D	☐ DFLE1E	1.1 TITLE		☐ Change ☐ Addition
NAME WILLETT DWAINE	L	1.2 NAME		7
STREET ADDRESS 101 N. COUNTRY CLU	1 KD # 218	1.3 STREET ADDRESS		
CITY-ST-ZIP CAKE MARY FL	32746	1.4 CITY-ST-ZIP		
TITLE S	DELETE	21 T.TLE		☐ Change ☐ Addition ☐ C
NAME WILLETT CYNTHIA	\	2.2 NAME		
STREET ADDRESS 101 N. COUNTRY CLUB	RD # 218	2.3 STREET ADDRESS		
CITY-ST-ZIP CAKE MARY FL	32746	2 4 Crity - St - ZIP		
TITLE	DELETÉ	3 1 1ITLF		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	41 TORE		☐ Change ☐ Addition
NAME		4. 2 NAME		+
STREET ADDRESS		4.3 STREET ADDRESS		1 .
CITY-ST-ZIP		4 4 CI1Y - ST - ZIP		-k
TITLE	☐ DELETE	5.1 TITLE		Change
NAME		5 2 NAME		HUlni
STREET ADDRESS		5.3 STREET ADDRESS	7	11/21
CITY-ST-ZIP	- Forest	5.4 CITY ST-ZIP		<u>/ / / </u>
TITLE	☐ DELETE	61111[[400002495 -04/21/9801045- ***150.00	Change Addition
NAME		6.2 NAME	-0.4721790	ning
STREET ADDRESS		6.3 STRUT ADDRESS	*** 150.0 0	0.00
CITY-ST-ZIP	the files does not punit to	6 4 CITY - ST - ZIP	本本本[元] LUJ	

r nereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the informatio indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

SIGNATURE: