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



FILED Jan 15 1998 8:00am Secretary of State



COF ANNU	PROFIT CORPORATION ANNUAL REPORT 1998		ER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Jan 15 1998 8:00am Secretary of State	
Principal Place	EWOOD AVE. SUITE #22	res, ind	(2) CORPORATED ailing Address 326 S. RIDGEWOOD AVI 20 BOX 15139 ANTONA BEACH FL 321		DO NOT WRITE IN 11	
		`			04/05/1985	
	lace of Business	i	Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.		59-2515051	Not Applicable \$8.75 Additional
2		27			5. Certificate of Status Desired	Fee Required
City & State	θ	28	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	current year Inlangible
4	25 Name and Address of Curr	ent Regis	tered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
SIGNATURE	ed the provisions of Sections 607.00 ed the provisions of both, in the Starm familiar with, and accept the obline familiar with, and accept the obline familiar with provisions of registered and of registered and other provisions.			is, the above named cor uthorized by the corpora rida Statutes. Hogsfored Agent signature requ	poration submits this statement for the purpos ation's board of directors. I hereby accept the	
12.	OFFICERS A	ND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	GARDNER, CHARLES S.		LJ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	727 PARK RIDGE CIRCLE			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PORT ORANGE FL ST		DELETE	1.4 CHY-ST-ZIP		Change Addition
NAME	Gardner, Carmen L.			2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	679 WELLINGTON STATION	i blvd, i	JNIT 29	2.3 \$1REE1 ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		DELETE	2 4 CHY+S1-ZIP 3 1 TOLE		Change Addition
NAME			W. VICTO	3.2 NAME		E change E Aconton
STREET ADDRESS				3 3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	3.4. CITY - \$1 - 7/P 4.1 THUE		Change Addition
MAME			with	4 2 NAME		CT Avisities CT virtigot)
STREET ADDRESS				43 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELFTE	4.4.0(1.Y.ST-ZIP 5.1.TITLE		Change Addition
NAME			e j parrie	5 2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	5 4 C(1) Y - S1 - 7(P		Change
TITLE NAME			ET DUGGE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY- ST-ZIP		

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 attackment with an address.