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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H52037

(9)

**FILED** Apr 14 1998 8:00am Secretary of State

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HWY 561 26220 C. R. 561		P	WY 561 OST OFFICE BOX 10	12			]	DO NOT WRITE	: INI THIS	SDACE	
TAVARES FL 32778 US			TAVARES FL 32778 US				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
08		U.	v				ł	04/12/1985			,
2. Principal Place of B	usiness	2a.	Mailing Address			·		4. FEI Number		A	oplied For
21		26						59-2528364			ot Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.					5. Certificate of Status Desired		+	Additional
22		27	<u>.</u>					6, Continuate of Otatos Desired			equired
City & State		<b>├</b> ¬	City & State				į	6. Election Campaign Financing			May Be
Zip	Country	28	<b>Z</b> ip	Col	untry			Trust Fund Contribution			to Fees
24	25	29	2 lb)	30	JIRLIY			<ol><li>This corporation owes or has pa Personal Property Tax due June</li></ol>	_		angible No
	me and Address of Curre		ered Agent	1301	1			10. Name and Address of New Re			
SANDARG	AS, JOHN A.				<b>B1</b>	Name			-		
	ESHORE DR				82	Street 6	Address	s (P.O. Box Number is Not Acceptat	2(0)		
85					**	J. Street F	AUUI 65				
CLERMON	T FL 34711				83				- <u>-</u>		
					84	City			FL	85 Zip	Code
11. Pursuant to the pre	ovisions of Sections 607.050	02 and 60	7 1508, Florida Stat	ules, the a	bove	-named	corpor	ration submits this statement for the p	ourpose of	f changing i	ts registered
office or registered agent. I am familia	r with, and accept the oblig	e of Florid pations of,	la. Such change was , Section 607.0505, I	authorize ∃orida Sta	d by tutes	the corp	ooration	n's board of directors. I hereby accep	pt the app	KUITIITII as	registoreu
SIGNATURE						the corp				Cirilineti as	registered
SIGNATURE Signature, I	yped or printed name of registered ag	ent and title i	f applicable (NC	TE Registere		the corp		when reinstating)	DATE		
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SIGNATURE Signature. I  12.  TITLE PD	yped or printed name of registered ag OFFICERS AN	ent and title i	tapr⊪cable (NC	OTE Registere	d Age	the corp		when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE Signature. 1  12.  TITLE PD NAME SAN	yped or printed name of registered ag	ent and title i	tapr⊪cable (NC	13. 1.1 TI	d Age ITLE IAME	the corp		when reinstating)	DATE	DIRECTOR	RS IN 12
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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 open attachment with an address

**SIGNATURE:** 

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