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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # H82159** 

(5)

**FILED** Jan 27 1998 8:00am Secretary of State

| MAIN S  | STREET ASSOCIATES, INC.                             | (0)                                |                                       |  | #[#]                              |
|---|---|------------------------------------|---------------------------------------|--|-----------------------------------|
| Principal Plac  | no of Business                                      | Regilian Address                   |                                       |  |                                   |
| Principal Place of Business Mailing Address 430 MAIN STREET 430 MAIN STREET |   |                                    |                                       |  |                                   |
| WINDERMERE FL 34786-7528 WINDERMERE FL 34786-75                             |   |                                    | 28                                    |  |                                   |
| US  |   | US                                 |                                       | DO NOT WRITE IN THIS S   | SPACE                             |
|   | · ·   |                                    |                                       | <ol> <li>Date Incorporated or Qualified</li> <li>10/23/1985</li> </ol>                                 |                                   |
| 2. Principal F  | Place of Business                                   | 2a. Mailing Address                |                                       | 4. FEI Number 59-2592786   | Applied For<br>Not Applicable     |
| Suite, Apt.   | . #, etc.   | Suite, Apt. #, etc.                |                                       | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| City & State City & State   |   |                                    | 6. Election Campaign Financing        | \$5.00 May Be  |                                   |
| 23  |   | 28                                 |                                       | Trust Fund Contribution  | Added to Fees                     |
| Zip   | Country   | Zip                                | Country                               | 8. This corporation owes or has paid the curr  | rent year Intangible              |
| 24  | 25  |                                    | 0                                     |  | Yes No                            |
|   | 9. Name and Address of Curren                       | t Registered Agent                 | 81 Name                               | 10. Name and Address of New Registered A   | Agent                             |
| DB-01, 000;   |   |                                    |                                       |  |                                   |
| 430 MAIN STREET<br>WINDERMERE FL 34786                                      |   |                                    | 82 Street Addre                       | ess (P.O. Box Number is Not Acceptable)  |                                   |
| 4411  | NDERMENE FL 34700                                   |                                    | 83                                    |  |                                   |
| Į   |   |                                    | • • • • • • • • • • • • • • • • • • • |  |                                   |
|   |   |                                    | 84 City                               |  | 85 Zip Code                       |
| 11 Pursuant   | to the provisions of Sections 607.050               | 2 and 607 1508. Florida Statutos   | the above-named come                  | ration submits this statement for the purpose of   | phanoina ita ragistarad           |
| office or i   | registered agent, or both, in the State             | of Florida. Such change was au     | thorized by the corporation           | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appo | changing its registered           |
|   | im familiar with, and accept the obliga             | ations of, Section 607.0505, Flori | da Statutes,                          |  |                                   |
| SIGNATURE   | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: | Registered Agent signature require    | d when reinstating) DATE   |                                   |
| 12.   | OFFICERS AND  |                                    | 13.                                   | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12                   |
| TITLE   | PV  | DELETE                             | 1.1 TITLE                             |  | ☐ Change ☐ Addition               |
| NAME  | BLACK, JUDY   |                                    | 1.2 NAME                              |  |                                   |
| STREET ADORESS  | 430 MAIN ST   |                                    | 1.3 STREET ADDRESS                    | •  |                                   |
| CITY-ST-ZIP   | WINDERMERE FL 34786                                 |                                    | 1.4 CITY-ST-ZIP                       |  |                                   |
| TITLE   | TS  | ☐ DELETE                           | 2.1 TITLE                             |  | Change   Addition                 |
| NAME  | BLACK, JUDY   |                                    | 2.2 NAME                              |  | İ                                 |
|   |   |                                    | 2.3 STREET ADDRESS                    | · · · · · · · · · · · · · · · · · · ·  | ,                                 |
| CITY - ST - ZIP   | WINDERMERE FL 34786-7528                            | 1 1 20 20                          | 2, 4 CITY - ST - ZIP                  |  | - 1 day                           |
| TITLE   |   | ☐ DELETE                           | 3.1 TITLE                             |  | Change Addition                   |
| NAME  |   |                                    | 3.2 NAME                              |  | İ                                 |
| STREET ADDRESS  |   |                                    | 3.3 STREET ADDRESS                    |  |                                   |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                             | 3.4. CITY-ST-ZIP                      |  | T Observe T Autres                |
| NAME  |   | i nerese                           | 4.1 TITLE                             | · · · · · · · · · · · · · · · · · · ·  | ☐ Change ☐ Addition               |
| ··· -   |   |                                    | 4. 2 NAME                             |  |                                   |
| STREET ADDRESS  |   |                                    | 4.3 STREET ADDRESS                    |  |                                   |
| CITY-ST-ZIP<br>TITLE  |   | ☐ DELETE                           | 4.4 CITY-ST-ZIP<br>5.1 TITLE          |  | Change Addition                   |
| NAME  |   |                                    | 5.2 NAME                              | '  |                                   |
| STREET ADDRESS  |   |                                    | 5.3 STREET ADDRESS                    |  |                                   |
| CffY-ST-ZiP   |   |                                    | 5.4 CITY-ST-ZIP                       |  |                                   |
| TITLE   |   | ☐ DELETE                           | 6.1 TITLE                             |  | Change Addition                   |
| NAME  |   | <u> </u>                           | 6.2 NAME                              | •  |                                   |
| STREET ADDRESS  |   |                                    | 6.3 STREET ADDRESS                    |  |                                   |
|   |   |                                    | 6.4 CITY - ST - ZIP                   |  |                                   |
| CITY-ST-ZIP   |   |                                    |                                       |  |                                   |

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.

SIGNATURE:

407876-2090