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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

PORT ST LUCIE FL 34986

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

STE 101

21

22

23

24

Zip

148 NW CENTRAL PARK PLAZA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H92503

Country

9. Name and Address of Current Registered Agent

25

JOHNSTON, JANICE H.

PORT ST. LUCIE FL 33452

6723 S. US 1

(2)

146 NW CENTRAL PARK PLAZA

PORT ST. LUCIE FL 34986

J.H. JOHNSTON, C.P.A., P.A.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

**STE 101** 

US

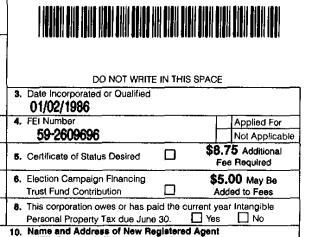
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FILED	
Feb 25 1998 8:00ai	m
Secretary of State	•



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.

Country

81

82

83 City

Name

Street Address (P.O. Box Number is Not Acceptable)

30

agent. i a	m tamiliar with, and accept the obligations of, Section 607.0	J505, Florida Statutes				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Ager	at signature required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.		CHANGES TO OFFICERS AND DIREC	CTORS IN	N 12
TITLE	OP DEL			☐ Ch		Addition
NAME	JOHNSTON, JANICE H.	1,2 NAME				
STREET ADDRESS	146 NW CENTRAL PARK PLAZA, STE 101	1.3 STREET A	ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST				
TITLE	DEU			Chi	inge [	Addition
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET /	ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST		• •		
TITLE	DEL			☐ Chi	inge [	Addition
NAME		3.2 NAME			•	
STREET ADDRESS		3.3 STREET A	ADDRESS .			
CITY-ST-ZIP		3 4. CITY-S1				
TITLE	☐ DEL			☐ Cha	nge _	Addition
NAME		4. 2 NAME	ì		•	
STREET ADDRESS		4.3 STREET A	DORESS			
CITY-ST-ZIP		4.4 CITY-ST				
TITLE	DEL			☐ Cha	nge 🗆	Addition
NAME	_	5.2 NAME		_		
STREET ADDRESS		5.3 STREET A	DDRESS			
CITY-ST-ZIP		5.4 CITY-ST	<b>I</b>			
TITLE	DEL DEL			☐ Cha	nge 🗀	Addition
NAME		6.2 NAME	}	_		
STREET ADDRESS		6.3 STREET A	DDRESS			
CITY-ST-ZIP		6.4 CITY-ST				

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 attachment with an address.

CIONATURE.

Mari Al hust

CTALLIAT 1/5

abolas

ly 55 ad (51)

Zip Code