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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13019

(1)

FILED Jan 26 1998 8:00am Secretary of State

Principal Place of Business	FIELDS	S & WILKINSON, P.A.	` ,					
Principal Place of Business								N
### CORTEZ AVE ### CO			· · · · · · · · · · · · · · · · · · ·					
STLART FL 3994  STLART FL 3994	Principal Place of Business Mailing Address							
STILART FL 3894  IS  S  S  S  S  S  S  S  S  S  S  S  S							1.6	
US  2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Let incorporated or Qualified  5. (5)(66) 1988  3. Let incorporated or Qualified  5. Certificate of Status Desired  5. Subset Apt. #, etc.  5. Certificate of Status Desired  6. Electic Certificate of Status Desired  6. Electic Certificate of Status Desired  6. Certificat							DO NOT WRITE IN TH	IS SPACE
A. Maling Address   B.a. Maling Address   Selection Comparing Address   Selection Comparing Address   Selection Comparing Financing   Selection Comparing Financing								
Suite, Apt. #, etc.  Suite, Ap							05/06/1986	
Suitable		ncipal Place of Business 2a. Mailing Address						Applied For
City & State 20 City & State 20 City & State 20 City & State 20 Country 20 Country 20 Country 20 Country 20 Country 20 Country 21 Country 22 20 Country 25 Country 26 Country 27 Country 28 Country 28 Country 29 30 Country 40 8. This corporation owers or has paid the current Registered Agent WILKINSON, BRUCE M. 416 CORTEZ AVE STUART FL 33494  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City 85 Street Address (P.O. Box Number is Not Acceptable)  85 Signature 85 Signature 86 Signature 87 Signature 98 Sig	21						59-2668046	Not Applicable
City & State    City & State   City & State     City & State     City & State     City & State   City & City & State   City &							5. Certificate of Status Desired	
20   20   20   20   20   20   20   20	22							
Zip							,	
28					intry			
### Addition of Control Registered Agent  WILKINSON, BRUCE M. 416 CORTEZ AVE STUART FL 33494  ### City		<u>-</u>	<b>⊢</b> , `	₩;	ui iu y		l control of the cont	
## Addition   Addition	24		11.	130)	Т			
### STUART FL 33494    ### STUART FL 34494	W	LKINSON, BRUCE M.		-1	81	Name		
STUART FL 33494    Bat   City   FL   Bs   Zip Code						Charact Antalan	(D.O. Bou Mustania Nice Accordately)	
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 line appointment as 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 line appointment as 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 line appointment as registered diffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept line appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept line appointment as registered diffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept line appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept line appointment as registered agent, or both the corporation's board of directors, I hereby accept line appointment as registered agent, or appointment are registered agent, or appointment are registered agent, or appointment are	ľ				62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
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, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both and agent and file if acpticable.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD					83			· · · ·
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, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, and ancept the obligations of, Section 607 050S, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both and agent and file if acpticable.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VD					0.4	Cit.		las Zio Cod-
Signature   Sign						•		L   -
Signature   Sign	11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	tes, the a	bove	-named corpo	oration submits this statement for the purpos	of changing its registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.  TITLE VD	agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, F	autnorize Iorida Sta	tutes	the corporations.	on's board or directors, I hereby accept the a	appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.  TITLE VD								,
TITLE					d Ager	nt signature require		
NAME   FIELDS, JORDAN   12 NAME   13 STREET ADDRESS   14 CORTEZ AVE   STUART FL   13 STREET ADDRESS   14 CORY-ST-ZIP   TITLE   DELETE   21 TITLE   DELETE   22 NAME   22 STREET ADDRESS   24 CITY-ST-ZIP   TITLE   DELETE   Change   Addition							ADDITIONS/CHANGES TO OFFICERS A	
STREET ADDRESS   STUART FL								E guarde E vectures
STUART FL						*DDDCCC		
DELETE   D								
MAME   WILKINSON, BRUCE M.   22 NAME   23 STREET ADDRESS			DELETE			1-215		Change Addition
STREET ADDRESS   STUART FL			<del></del>					
STUART FL   DELETE   3.1 TITLE   Change   Addition						ADDRESS		
DELETE   DELETE   3.1 TITLE   Change   Addition		OTHERT FI						
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP							Change Addition	
SAL CITY-ST-ZIP	NAME	3.2 N		AME				
DELETE	STREET ADDRESS	3.3:		TREET	ADDRESS			
A.	CITY-ST-ZIP			3.4. 0	ZITY-S	T-ZIP		
A3 STREET ADDRESS   A4 CITY-ST-ZIP   TITLE	TITLE		DELETE	4.1 TITLE				Change Addition
A4 CITY-ST-ZIP	NAME			4.21	NAME			
### DELETE	PSTREET ADDRESS			4.3 STREET		ADDRESS		
NAME	CITY-ST-ZIP					r-ZIP		
5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP   5.4 CITY-ST-ZIP   Change   Addition   Addition   Address		1	☐ DELETE					☐ Change ☐ Addition
TITLE DELETE 6.1 TITLE Change Addition   NAME						1		
NAME  STREET ADDRESS  CITY-SI-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP			Flore-			T-ZIP		Change Address
STREET ADDRESS  CITY-SI-ZIP  6.3 STREET ADDRESS  6.4 CITY-SI-ZIP	•							L Change L Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	•			■ 6.2 N	CMF	l l		
	STREET ADDRESS			1				
				6.3 S	TREET	l l		

4. 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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 507.

SIGNATURE:

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