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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14976

(1)

FILED Feb 17 1998 8:00am Secretary of State

\$ 100 I/ID 4181 (101) 01074 (401) 140 J	
Principal Place of Business Mailing Address	870 910 56 66 678 910 678 910 910 910 910 9
SERNARD J. LOEB. JR. SERNARD J. LOEB. JR. SOO SUGAR RIDGE CT. SOO SUGAR RIDGE CT. LONGWOOD FL 32779 LONGWOOD FL 32778	ITE IN THIS SPACE
3. Date Incorporated or Qualifier	d
2. Principal Place of Business 2a. Malling Address 4. FEI Number	The Bod For
21 26 59-2677987	Applied For Not Applicable
Suite, Apt. #, etc.	60 7E
27 5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has	
24 25 29 30 Personal Property Tax due Ju 8, Name and Address of Current Registered Agent 10, Name and Address of New 1	
	negistered Agent
LUED, DERINAND J. Jr.	
500 SUGAR RIDGE CT. LONGWOOD FL 32779 82 Street Address (P.O. Box Number is Not Accept	table)
LONGWOOD FL 32/79	
184 City	FL 85 Zip Code
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.	
SIGNATURE	
Signature, typed or printed name of registered agent excluded dispose able: (NOTE Registered Agent Speature required when reinstating)	DATE
	FICERS AND DIRECTORS IN 12 Change Addition
NAME LOEB, BERNARD J. JR. 1.1 ITLE 1.2 NAME 1.2 NAME	Change C Addition
STREET ADDRESS 500 SUGAR RIDGE CT. 1.3 STREET ADDRESS	[8
CITY-S1-ZIP LONGWOOD FL 1.4 CITY-S1-ZIP	الم
TITLE VST DELETE 2.1 TITLE	Change Addition
NAME LOEB, LYNDA R. 2.2 NAME	
STREET ADDRESS 800 SUGAR RIDGE CT. 2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 2.4 CITY-ST-ZIP	·
TOTLE D DELETE 3.1 HILE	Change Addition
NAME LOEB, LYNDA R. 3.2 NAME	
STREET ADDRESS 500 SUGAR RIDGE CT. 3.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 34.CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 44 CITY-S1-ZIP	- Additional Control of the Control
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	J
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	Change Addition
	Charle Dyandion
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-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

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 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. Join an attachment with an address.

CICHATURE

Spal R. Lack

2/12/48

407-862-2793