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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

1	JAL REPORT 1998	Secretary of	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCU 1. Corporation	MENT # .11531	` '					
VE (61)	ANTICAL LOTATE OF TO	THE MICHO MO				in enn ent de	IN ACCUMACU
Principal Plac	e of Business	Mailing Address					FUL 01814 1801
1423 SE 16 I SUITE 203	PLACE	1423 SE 16 PLACE SHITE 203	1423 SE 16 PLACE SUITE 203				
CAPE CORAL	. FL 33990	CAPE CORAL FL 33990			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
(					05/20/1986		
·	Place of Business	2a, Mailing Address			4, FEI Number	<del></del>	pplied For
Suite, Apt	#. etc.	26			59-2681729		ot Applicable Additional
22		27			5. Certificate of Status Desired		lequired
City & Stat	to	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Ζιρ	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year In	tangible
24	25 9. Name and Address of Curr	29 30 ent Registered Agent			Personal Property Tax due June 30.  10. Name and Address of New Registered		No
SC	CHLICHTE, RAY A. JR.		81	Name			
2134 HOLLYWOOD BLVD.				Street Add	ress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020			83		***************************************		
			84	City	FI	L 85 Zip	Code
	to the provisions of Sections 607.0s registered agent, or both, in the Sta am familiar with, and accept the obf	502 and 607.1508, Florida Statutes, to of Florida Such change was authoridated in the state of Florida (Section 607.0505, Florida (Section 607.0505).	he above orized by Statutes.	named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i pointment as	its registered s registered
SIGNATURE	Signature, typed or pented name of registered a		gistered Ager	i signalure requi	ired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	—т—	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR  Change	RS IN 12 Addition
NAME	DANA, MARY		1.2 NAME	İ		□ Citango	LT Mantion
STREET ADDRESS	1831 SE 26 TERRACE		1.3 STREET A	NODRESS			
CITY+ST-ZIP	CAPE CORAL FL		1.4 CITY-ST	- ZIP			
TITLE	PVS	DELETE	2.1 TITLE	1	• of	☐ Change	Addition
NAME STREET ADDRESS	MILLER, GERALD, D 1831 SE 26 TERRACE	i	2.2 NAME 2.3 STREET A	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-SI				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	MILLER, GERALD, D	ţ	3.2 NAME				
STREET ADDRESS Crty-\$1-zip	1831 SE 26 TERRACE CAPE CORAL FL		3.3 STREET A				
TITLE	ONE COINE IE	DELETE	4.1 TITLE	- 214		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS		ļ	4.3 STREET A	LDDRESS			
CITY-ST-ZIP		PELETE	4.4 CITY-ST	- ZIP		T Observe	Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET A	ADORESS			
CITY-ST-ZIP		j	54 CITY-ST				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		ì	6.2 NAME	)			
STREET ADDRESS			63 STREET A	DORESS			
CITY-ST-ZIP			6.4 CITY - ST	- ZIP			

14. Thereby 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.

SIGNATURE:

3-10-98

**FILED** 

Mar 16 1998 8:00am