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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J34

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247 LONGWOOD INVESTORS, INCORPORATED

Principal Place	of Business	Mailing Address				
861 W MORSE BLVD. SUITE 250 WINTER PARK FL 32789		P.O. BOX 940658 Maitland FL 32			DO NOT WRIT	'E IN THIS SPACE
US					3. Date Incorporated or Qualified	
					09/19/1986	
2. Principal Pi	ace of Business	2a. Mailing Addr	ess		4. FEI Number	Applied For
21		26			59-2728864	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		├ ─┐ ′	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	h	unity	This corporation owes or has personal Property Tax due Jur	
24	25 9. Name and Address of Curr	29 29 Anent	30	1	10. Name and Address of New F	
		ont riogistored Agent		B1 Name n		
SMITH, RANDALL C ESQ				BI	ERRY J. WALKER	
	MAITLAND AVENUE				ress (P.O. Box Number is Not Acceptable)	
MAJ	TLAND FL 32751			83 23	35 S MAITLAND AVE	
				84 City	AITLAND	FL 85 Zip Code 32751
44 6	10-10-6070	(00 and 002 (600 Flace	do Ctatuloo tho o	 		muracea of changing its registered
office or re	egistered Apent, or both, in the Sta	ate of Florida, Such ch an	ge was authorize	ed by the corporal	tion's board of directors. I hereby acc	ept the appointment as registered
agent. I a	m family with, and accept the be	ito fue s of Section 607.	0505, Florida Sta	tutes.		0.4.40.0
SIGNATURE	2 (WW) 1/1	agend and title diapph. After	(NOTE Designation	B b ad Agent signature requi	ERRY J. WALKER 3/	24/98
12,		AND DIRECTORS	13.	20 ASCUL PROGRAMME ARTON		ICERS AND DIRECTORS IN 12
TITLE	PD		LETE 1.11	ITLE	7,00111011070111110201101011	Change Addition
NAME	RUTH, MOGUL		1,2 N			
STREET ADDRESS	861 WEST MORSE BLVD. S	TF 250		TREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789			ITY-S1-ZIP		
TITLE	711112111111111111111111111111111111111	☐ DE	LETE 2.1 T			Change Addition
NAME			2.2 N	IAME		
STREET ADDRESS			2.3 S	TREET ADDRESS		
CITY-ST-ZIP			a de la composição de l	DITY-ST-ZIP		•
TITLE		DE	LETE 3.1 1			Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			335	TREET ADDRESS		
CITY-ST-ZIP			34.0	CITY-ST-ZIP		
TITLE		D£	LETE 4.1 T			Change Addition
NAME			4. 2 1	NAME		
STREET ADORESS			4.3 \$	TREET ADDRESS		
CITY-ST-ZIP			440	CITY-ST-ZIP		
TITLE		□ DE	LETE 5.1 T	ITLE		☐ Change ☐ Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 9	TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		DE	ELETE 6.1 T	ITLE		Change Addition
NAME			6.2 N	IAME		
STREET ADDRESS			6.3 \$	TREET ADDRESS		
CITY-ST-ZIP				CITY-S1-ZIP		
14. I hereby o	certify that the information supplied	I with this filing does not	qualify for the ex	emption stated in	Section 119.07(3)(i), Florida Statutes are shall have the same legal effect as	. I further certify that the information is if made under oath; that I am an
officer or	or tris anitual report or suppliering director of the corporation or the nor Block 13 il changed, or on an a	eceiver or trustee empor	vered to execute	this report as req	uired by Chapter 607, Florida Statute	s; and that my name appears in