## 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 # J4425

**(7)** 

RAYMOND, WILSON, CONWAY, BARR, HAHL & JENKINS, P.A.

FILED
Jan 21 1998 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address			
170 EAST GRANADA BLVD. 170 EAST GRANADA BLVD.			).		
P.O. BOX 65 ORMOND BEACH FL 32176-8665		P.O. BOX 65 ORMOND BEACH FL 32176-6665		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/26/1986	
2. Principal P	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-2737315	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Curren		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	
00		it Hadisteled Agent	81 Name	10. Haine and Address of their hegister	ed Agoin
CONTAT, LOGIS E.					
170 EAST GRANADA BOULEVARD ORMOND BEACH FL 32178			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORMOND BEACH PE SETTO			83		
					Tagl 7:- Oada
	•		84 City	F	EL 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					
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, typod or printed name of registered again and little if applicable (NOTE Register			Registered Agent signature requ		
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	CONWAY, LOUIS E.	☐ DELCHE	1.2 NAME		
NAME	170 E GRANADA BLVD		1.3 STREET ADDRESS		
STREET ADDRESS	ORMOND BEACH FL		1.4 City-St-Zip		
CITY-ST-ZIP TITLE	PD	DELETE	21 TITLE		Change Addition
NAME	BARR, WILLIAM M.		22 NAME		
STREET ADDRESS	170 E. GRANADA BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	VID	DELETE	3.1 TITLE		Change Addition
NAME	HAHL, JAMES G.		3.2 NAME		
STREET ADDRESS	170 E. GRANADA BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4. City-St-ZiP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		66
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		50 A 1 A 20	6.4 CITY - ST - ZIP	- Castian 110 07/2Vi) Florida Statutos I furtho	a a stife that the information

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 informatio 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.

1/8/98 (904) 673 400