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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Secretary of State

FILED

Mar 04 1998 8:00am

	1998	DIVISION OF CORPORATIONS					Secretary of State								
DOCUI		174491 PRPORATION	1	(8)											
Principal Place	e of Business		Mailing	Address						ilik idəni bibil bidib			1811 910 17 910 1		
5231 S. NOVA RD. 5231 S. NOVA RD.															
DAYTONA BEACH FL 32127 DAYTONA BEACH FL 32127										DO NOT	MOITE IN	TUICC	DACE		
								}	a Date Inco	porated or Qua		111155	PACE		
									05/22/1	•					
2. Principal Place of Business				2a. Mailing Address					4, FEI Numb				Ap	plied For	
21		26						59-28	69710				t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Certificate	of Status Desir	ed [\$8.75			
City & State	<u> </u>	City & State										Fee Re			
23				28						ampaign Finand Contribution			\$5.00 Added 1		
Zip	Cou	ntry	Zip	· · · · · ·	Cou	intry				ration owes or					
24	25		29		30					roperty Tax du] No	
	g, Name and Add		Registere	d Agent		643	Nime		10. Name and	Address of N	ew Regis	tered A	gent		
	TACALE, GERALD	A. SR.				81	Name								
5231 S NOVA ROAD						82 Street Ad			s (P.O. Box Nu	mber is Not Ac	ceptable)				
DAYTONA BEACH FL 32127						83				· - · · · · · · · · · · · · · · · · · · ·					
						Ш									
						84	City					FL	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familial with, and accept the obligations of, Section 607.0505, Florida							-named	corpor	ation submits t	his statement fo	r the purp	oose of	changing it	s registered	
agent. I a	m familia with, and a	ccest the obligat	ions of Se	ction change was a	orida Stat	a by lutes	rue cort	OUBTOK	n's board of dir	ectors. I nereby	accept to	пе арро	anumena as D	rečisteren	
SIGNATURE	/ Juell	1. Z/ST		An ·							2-2	·3-70			
12.	Signature, typed or unnied n	OFFICERS AND			13.	d Ager	nt signature	required	when reinstating)	CHANGES TO		DATE ON A NID	DIRECTOR	S (N) 12	
TITLE	STD			DELETE	1.1 10	TLÉ		VY			OI TIOLI	io Aito	Change	Addition	
NAME	MATACALE, TO			/	1.2 N	AME		BAS	BAKA S	Now	01			'	
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filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational report is true and accurate and that my signature shall have the same lagal effect as if made under oath; that I am a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in