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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 16 1998 8:00am

Sandra B. Mortham

ANN	NUAL REPORT Secretary of State					Secretary of State		
1998 DIVISION OF CORPORATIONS					TIONS		ny or a	Juaco
	ari i ve irii c	33065	(9)					
COMCA	AP 50, INC.							
Principal Plac	e of Business	Ma	ailing Address			T (BOUGH BID) IDISE (ITII BOUR BURK BIT	BIRKU BIRKU BIRKU BIRKU #16	
% ANKE BACKER -2200-LEE FIGAD 			% ANKE BACKER 2300 LEE ROAD WATER PARK FL 22700			DO NOT WRITE IN THIS SPACE		
US		US	•			3. Date Incorporated or Qualified		
2. Principal P	lace of Business	20.	Mailing Address			07/16/1987 4. FEI Number		applied For
21 19	50_Summit Par	 		nmit Pa	rk Drive	59-2857407	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional
City & State	Lte 300	27	Suite 30	00			Fee R	Pedniced
	Lando, FL	28	City & State	777		6, Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Countr		<u>Orlando,</u> ^{Zip}	Count	ry	This corporation owes or has pale		
328	310 25 §, Name and Addre	USA 29	32810 ered Agent	30 US	SA .	Personal Property Tax due June 3 10. Name and Address of New Reg	30. 🗌 Yes [□ No
BAC	CKER, ANKE			8	1 Name	BACKER, ANKE		
-226	9 LEE ROAD.			8:	2 Street Addres	ss (P.O. Box Number is Not Acceptable	e)	
-Wh	ITER PARK FL-9270 9)		8:		O Summit Park Drive	·	
				•		te 300		
				8	1 City		85 Zip	Code
11. Pursuant	to the provisions of Sec	lions 607.0502 and 60	7.1508, Florida Statul	tes, 19-a, abo	ve-name of Corpor	ando ration submits this statement for the pu	FL 328	its registered
office or re agent. I a	egistered agent, or both m familiar with, and acc	 in the State of Florid and the obligations of. 	 Such change was Section 607 0505. FI 	authorized b	y the colporatio	ration submits this statement for the pun's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	,		/	gu	le XX	1/12/98		
	Signature, typed or printed nan-				gent signature required	when reinstating)	DATE	
12.	0	FFICERS AND DIREC	DELETE	13. 1.1 TITLE	<u> </u>	ADDITIONS/CHANGES TO OFFICE	HS AND DIRECTOR	RS IN 12 Addition
NAME	DEHEER, JAC		_ vicese	1.2 NAME			L_1 Change	ABURION
STREET ADDRESS	126 LOWER RICHI	MOND ROAD			T ADDRESS			
CITY-ST-ZIP	LONDON SW			1.4 CITY-				
TITLE	-		☐ DELET E	2.1 TITLE			☐ Change	Addition
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STREET ADDRESS					T ADDRESS			
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NAME				6.2 NAME	İ		•	
STREET ADDRESS				6.3 STREE	T ADDRESS			
CITY-ST-ZIP				6.4 CITY-	ST-ZIP			

6.4 CITY-ST-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 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 employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an all/chiment with an anothers.