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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	ANNUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS		Secretary of State		
1. Corporate	MENT # K0566	(7)			
Principal Place of Business  5324 E. COLONIAL DR.		Mailing Address 5324 E COLONIAL DR			i gran aldu algu algu algu
ORLANDO FL 32907 US		ORLANDO FL 32807 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/08/1987	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	58-2009867  5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Sta		City & State		Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible  Z Yes  No
	9, Name and Address of Curre		81 Name 1	10, Name and Address of New Registe	red Agent
KLINE, JAMES W. 180 W. KNOWLES AVENUE			""" /	dress (P.O. Box Number is Not Acceptable)	P.H.
WINTER PARK FL 32790			018	O. W. CANTON AVE	<u> </u>
				iTe 410	
			B4 City W	inter PARK	FL   5 32789
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 agent. I am familiar with, and the state of Florida Statutes.					
SIGNATURE	an ranimar with, the street of	upitons of, Section 607.0505, Flor	Residues.	oger A. Kelly	2/16/98
12.	Signaline from the part of registered a	pont and tile it in vicable. (NOTE: ND DIRECTORS	Registered Agent signed o req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	(P)	DELETE	1.1 TITLE	1135113110,017,41323 10 017,132310	Change Addition
NAME	JOHNSON, RONALD M.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	181 CORTLAND AVENUE   WINTER PARK FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	JOHNSON, BARBARA A.		2.2 NAME		
STREET ADDRESS	181 CORTLAND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER PARK FL	DELETE	2. 4 CiTY - ST - ZiP 3.1 TITLE		Change Addition
NAME	JOHNSON, BARBARA, A		3.2 NAME		
STREET ADDRESS	181 CORTLAND AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4,1 TITLE		Change Addition
NAME CYPEET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		!
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.4 CITY-ST-ZIP		06
TITLE		DELETE	61 TITLE		Change Addition
NAME Street address		1	6.2 NAME 6.3 Street Address		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	5			0 4/ 4/0 03/01/1 5/ 14 01/11 1/ 4/	734 11 11 11 11 11

does fot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in an address. I hereby certify that the information supplied with this findicated on this annual report or supplemental annual reflect of director of the corporation of the receiver of Block 12 or Block 13 if changed, or on the receive

**FILED** 

Feb 20 1998 8:00am