FILE NOW: FILING F

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION

DOCUI 1. Corporation	MENT # K08986	§ (7)			
PAYNE	& KOCH, P.A.			. I INDIO (11 0) 1 00) OF 103/0 103/0 103/0 01/0 01/0 01/0 01/0 0) 0,0) 0,0 0,0 0,0 1,5
Principal Place of Business		Mailing Address		1 IDEIRIEL BIT ERIEL IETTE LOTEL TELTE BITT GAST GAST	13 A(A)) Aidin Aidin aldin indi
1680 EL JOBEAN		23283 ABERDEEN AVE			
MURDOCK FL 33948		PORT CHARLOTTE FL 33952 US		DO NOT WRITE IN THIS SPACE	
		03		3. Date Incorporated or Qualified	
				12/22/1987	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		59-2859377	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & State		City & State		C Flaction Compaign Financing	<u></u>
		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes IX No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
KOCH, ROBERT					
23283 ABERDEEN AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PORT CHARLOTTE FL 33952			83		
			63		
			84 City	FI	85 Zip Code
44 Purguant t	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statute	es the above-named cor		of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	The state of the s	and its oil britain to a record, the			
	Signature, typed or printed name of registered ages		Registered Agent signature requ		
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 Change Addition
TITLE	D THOMAS MANIOT DAVAIT	L] V((()E	1.1 TITLE 1.2 NAME		
NAME STREET ADDRESS	THOMAS, JANICE PAYNE 986 SE 57TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	KOCH, ROBERT		2.2 NAME		
STREET ADDRESS	23283 ABERDEEN AVE		2.3 STHEET ADDRESS	; ···	
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Distr	3.4. CITY-ST-ZIP		Change Addition
TITLE		[_] DELETE	4.1 TITLE		L cuarige Li Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DLLETE	5.1 TILLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 71P		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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 eath; 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.

FILED

Apr 21 1998 8:00am

Secretary of State