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



## Sandra B. Mortham

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		
DOCUI 1. Corporatio DE PAL	MENT n Name J CORPOI		3	(5)		
Principal Plac	e of Business		Madin	g Address		
536 N RIDGE SEBRING FL				N RIDGEWOOD DE BING FL 33870	ì	
	lace of Busine	ess		iling Address		
Suite, Apt.	#, etc.		<b>26</b> Su	ite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·
22 City & State	θ		[27] Cit	y & State		
23			28			h
Zip 24	-	Country	29 29	)	Coun	try
	g, Name a	and Address of Curre	nt Registere	d Agent		
	VITY, WILLIA				8	31 Nam
	N RIDGEW				ε	32 Stree
SEI	Bring FL 3	3870				33
						101
office or r agent. I a	egistered aga	ons of Sections 607-05 ont, or <b>b</b> oth, in the Stat h, <b>and a</b> ccept the oblig	e of Florida 3	Such chance was	utes, the abo	Gity  Ove-name by the o
office or r	egistered aga m familiar witi	nt or both in the Stati	e of Florida S gations of, So with and tilk it app	Such change was ection 607.0505, f	utes, the abo	Ove-name by the cotes
office or n agent. I a SIGNATURE	egistered ago m familiar with Signature, typed o	ont, or both, in the Stati n, and accept the oblig probled name of registered a OFFICERS AN	e of Florida S gations of, So with and tilk it app	Such change was ection 607.0505, f	utes, the abx s authorized Florida Statu OIF Registered	City  Ove-name by the cotes  Agent signat
office or ragent. I a SIGNATURE  12.  TITLE NAME	egistered ago m familiar will Signature, typed o P POLLARI	ont, or both, in the Stati h, and accept the oblig expedied name of registered as OFFICERS AN	e of Florida S gations of, So with and tilk it app	Such change was ection 607.0505, F likelike (No RS	utes the above authorized Florida Statu  DIF Registered 2  13. 11 THL 12 NAM	Ove-name by the cottes
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered ago m familiar with Standure, typed o P POLLARE 536 N RI	ont, or both, in the Stati n, and accept the oblig expedience of regulated as OFFICERS AN DEBRA DGEWOOD DR	e of Florida S gations of, So with and tilk it app	Such change was ection 607.0505, F likelike (No RS	utes the abx sauthorized Florida Statu  13. 11 Thu 1.2 NAM 1.3 STRI	34 City Ove-name by the cites  Agent signat
office or ragent. I a SIGNATURE  12.  TITLE NAME	egistered ago m familiar with Stpnature, typed o P POLLARE 536 N RII SEBRING	ont, or both, in the Stati n, and accept the oblig expedience of regulated as OFFICERS AN DEBRA DGEWOOD DR	e of Florida S gations of, So with and tilk it app	Such change was ection 607.0505, F likelike (No RS	utes the abx sauthorized Florida Statu  13. 11 Thu 1.2 NAM 1.3 STRI	DVE-name by the cites  Agent signat  H  EEL ADDRES:
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agem familiar with Signature, hyped of P POLLARE 536 N RIL SEBRING ST JOHNSTO	ont, or both, in the Statin, and accept the oblig  OFFICERS AND, DEBRA DGEWOOD DR I FL  DN, BARBARA D.	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, f akanae (Ne RS DELETE	utes the above a sauthorized Florida Statu  DIF Registered 2  13. 11 Tht 12 NAM 1.3 STRI 1.4 CHY	Dispussion of the color of the
office or ragent. I a SIGNATURE  12. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, f akanae (Ne RS DELETE	utes the abx s authorized Florida Statu  13. 11111 12 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.3 STRI	DOVE - name by the cotes  Agent signat  F  IL  EET ADDRES  F  IL  EET ADDRES
office or ragent. I a SIGNATURE  12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agem familiar with Signature, hyped of P POLLARE 536 N RIL SEBRING ST JOHNSTO	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, f akanae (Ne RS DELETE	utes the abx s authorized Florida Statu  13. 11111 12 NAM 1.3 STRI 2.1 TITU 2.2 NAM 2.3 STRI 2.3 STRI	Agent signat  F  IL  EEI ADDRES  (-S1-ZIP  F  IL  EEI AODRES  (-S1-ZIP  F  IL  EEI AODRES  (-S1-ZIP  F  IL
office or ragent. I a SIGNATURE  12. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clean 607.0505, if the last the	utes, the above sauthorized Florida Statu  13. 11 Int 12 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 GITY 2.4 GITY 2.4 GITY 3.4 GITY 4.4 GITY	Add City  Ove-name by the cotes  H  It  EEL ADDRES: (-S1-ZIP  EEL ADDRES: (-S1-ZIP  EEL ADDRES: (-S1-ZIP  EEL ADDRES:
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clean 607.0505, if the last the	utes the abx sauthorized Florida Statu  OTE Registered A  13.  11 Int. 12 NAM 1.3 STRI 1.4 CITY 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITE 3.2 NAM	Agent signates  Agent signates  Final  EEL ADDRES: (-ST-ZIP)  FEL ADDRES: (-ST-ZIP)  EEL ADDRES: (-ST-ZIP)  EEL ADDRES:
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, i	utes, the above sauthorized Florida Statu  13. 11 Int 12 NAM 13 STRI 14 CITY 23 STRI 24 GIN 31 TITLI 32 NAM 33 STRI 34 CITY 34 CITY	Added Signature
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clean 607.0505, if the last the	utes, the abx sauthorized Florida Statu  DIE Registered A  13.  11 THL  12 NAM  1.3 STRI  24 CH  3.1 THL  3.2 NAM  3.3 STRI  3.4 CH  4.1 THL	Agent signation of the color of
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, i	utes the abx sauthorized Florida Statu- DIE-Registered A 13. 11 THL 12 NAM 13 STRI 14 CITY 23 THL 22 NAM 23 STRI 24 GIN 31 THL 32 NAM 33 STRI 41 THL 42 NAM	Agent signation of the color of
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE	utes the abx sauthorized Florida Statu- DIE-Regalered A 13. 11 THL 12 NAM 13 STRI 14 CITY 21 THL 22 NAM 23 STRI 2.4 GIN 3.1 THL 3.2 NAM 3.3 STRI 4 THL 4 2 NAM 4.3 STRI 4 2 NAM 4.3 STRI 4 4 CITY	Agent signate by the cotos  Agent signate  F  Agent signate  F  EEL ADDRESS  7-S1-ZIP  E  EEL ADDRESS  7-S1-ZIP  E  EEL ADDRESS  7-S1-ZIP  E  EEL ADDRESS  7-S1-ZIP  E  EEL ADDRESS  7-S1-ZIP
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	Such change was clion 607.0505, i	utes the abx s authorized Florida Statu  DIF Registered / 13.  11 Int. 12 NAM 13 SIRI 14 CITY 21 ITIL 22 NAM 23 SIRI 24 GIN 31 IALI 32 NAM 33 SIRI 41 ITIL 42 NAM 43 SIRI 44 CITY 5.1 ITILI	Agent signation of the color of
Office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE	Utes the above a authorized Florida Statu  DIE Registered A  13. 11 THL 12 NAM 1.3 STRI 1.4 CHY 2.3 THL 2.2 NAM 2.3 STRI 3.4 CHY 3.3 STRI 4.1 THL 4.2 NAM 4.3 STRI 4.4 CHY 5.1 THL 5.2 NAM	Agent signation by the cottes  Agent signation by the cottes  Agent signation by the cottes  File  EEL ADDRESS  (-S1-ZIP  EEL ADDRESS
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE	### 100   10	Agent signation by the cottes  Agent signation by the cottes  Agent signation by the cottes  File  EEL ADDRESS  (-S1-ZIP  EEL ADDRESS
Office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE	### 100   10	Agent signation to the contest of th
Office of ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE  DETETE	### A CHY  1	Agent signatures  Agent signatures  H  ME  EET ADDRESS  (-S1-ZIP  E  EET ADDRESS  (-S1-ZIP  E  EET ADDRESS  -S1-ZIP  E  EIT ADDRESS  -S1-ZIP  E  EIT ADDRESS  -S1-ZIP  E  EIT ADDRESS  -S1-ZIP  E  EIT ADDRESS  -S1-ZIP  E
Office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered aggm familiar with Signature, typed of P POLLARE 536 N RII SEBRING ST JOHNSTO 536 N RII	ont, or both, in the State, and accept the oblig  Period name of regulated as  OFFICERS AN  OFFI	e of Florida S gations of, So with and tilk it app	DETETE  DETETE	### A STREET OF THE PROPERTY O	Agent signation to the contest of th

**FILED** Jan 15 1998 8:00am Secretary of State

DC PA	JUNPORATION					
Principal Plac	e of Business	Mailing Address				11011 01811 61811 01011 01911 1081
836 N RIDGEWOOD DR SEBRING FL 33870		536 N RIDGEWOOD DR SEBRING FL 33870	536 N RIDGEWOOD DR SEBRING FL 33870		DO NOT WOLL IN TH	HIC COACE
					DO NOT WRITE IN THE 3. Date Incorporated or Qualified	115 SFACE
					02/22/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2870274	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	e	City & State			6. Flection Campaign Financing	\$5.00 May Be
Zip	Country	7 <sub>(1)</sub>	Coun	trv	Trust Fund Contribution	Added to Fees
24	25	29	30	·· <b>,</b>	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
<del></del>	9. Name and Address of Curre		1001		10. Name and Address of New Register	
MA	VITY, WILLIAM P.		8	1 Name		
	N RIDGEWOOD DR		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
SE	Bring fl 33870					***************************************
			8	3		
			ε	4 City		- 85 Zip Code
44 Discount	to the provisions of Sections 607 050	02 and 607 1E09 Elevida Ctat	uton the abo	l no samed sor		and observing its registered
office or r	egistered agent, or both, in the State	e of Florida, Such change was	authorized	by the corpora	poration submits this statement for the purpos ition's board of directors. I hereby accept the	appointment as registered
	m tamiliar with, and accept the oblig	jarions of, Section 607.0005, r	-iorida Statu	es		
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable (NC	) I F: Registered A	igent signature requi	ired when reinstating) DAT	·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	111ml			Change Addition
NAME	POLLARD, DEBRA		1.2 NAM			3
STREET ADDRESS	536 N RIDGEWOOD DR		•	ET ADDRESS		الأ
CITY-ST-ZIP TITLE	SEBRING FL ST	DELETE	1,4 CITY 2,1 TITU	- ST - ZIP		Change Addition
NAME	JOHNSTON, BARBARA D.		2.2 NAM			CT Oldings (T) Homiton
STREET ADDRESS	536 N RIDGEWOOD DR			ET ADDRESS		
CITY-ST-ZIP	SEBRING FL			'-S1-7IP		
TITLE		DELETE	3.1 T/TL			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS	!		3.3 S1R6	FT ADORESS		
CITY-ST-ZIP				'- ST - 7IP		······································
TITLE		☐ DELETE	4111111	1		Change Addition
NAME			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5,1 TITU	- ST - 7IP		Change Addition
NAME		L. Marie	5.2 NAM	ì		omag noomy
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- S1 - 7IP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6 4 CITY	- ST - 71P		

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 cath; 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.