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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

**FILED** May 08 1998 8:00am Secretary of State

|   | INGRAM   | A ASSOC   | HATES, INC   | •                  |                       |                        |   |  |   |          |        |                          |                                |              |                      |           |  |          |                |                |
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| BRANDON FL 33511  |  |   |  | BRANDON FL 33511   |                       |                        |   |  |   | _        | Data ( |                          | NOT W                          |              | N THIS               | SPACE     |  |          |                |                |
| U\$   |  |   |  | U                  | 12                    |                        |   |  |   |          |        | 05/02/1                  | •                              | or Quali     | IIOCI                |           |  |          |                |                |
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| Suite, Apt  | #, etc.  |   |  |                    | Suite, Apt.           | #, etc.                |   |  |   |          | 5      | Certificate              |                                | s Desire     | d                    |           |  |          | dditional      | $\Box$         |
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| 23  | ii <del>o</del>  |   |  | 28                 | City & State          | e                      |   |  |   |          |        | Election C<br>Trust Fund |                                |              | ng                   |           |  |          | May Be<br>Fees |                |
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| 24  | _  | 25  |  | 29                 |                       |                        | 30  |  |   |          |        | Personal F               |                                |              | ,                    |           | Yes  |          | No             |                |
|   | g, Name  | and Addre   | ss of Current R  | legis              | tered Ageni           | t                      |   | <u> </u>   |   |          | 10.    | Name and                 | Addres                         | s of Ne      | w Reg                | Istered   | Agent  |          |                |                |
|   | ASE-DE HAV   |   | ACE  |                    |                       |                        |   | 81   | Name  |          |        |                          |                                |              |                      |           |  |          |                |                |
|   | 0 OAKFIEU<br>Jite 222  | DRIVE   |  |                    |                       |                        |   | 82   | Street  | Address  | s (P.  | .O. Box Nu               | mber is                        | Not Acc      | eptable              | 9)        |  |          |                | _              |
|   | VANDON FL  | 33511   |  |                    |                       |                        |   | В3   |   |          |        |                          |                                |              |                      |           |  |          |                |                |
|   |  |   |  |                    |                       |                        |   | 84   | City  | ·        |        |                          |                                |              |                      | FL        | 85   | Zip C    | ode            |                |
| 11 Pursuan  | t to the provis  | ions of Sect  | ions 607 0502 a  | and 60             | 07 1508 Flo           | rida Statu             | tes the a   | DOVE   | -named  | corpora  | ation  | submits t                | his state                      | ment for     | the nu               |           | f changi   | no its   | register       |                |
| 11, Pursuan office or agent. I  | registered as  | ent, or both  | in the State of  | Floric             | da. Such cha          | anga was               | authorize   | d hu   |   | noretion | i's bo | oard of dir              | ectors.                        | harabu       | noont                |           |  | teer     | eaistere       | an l           |
| ago   |  |   |  | ane of             | Section 60            | 17 0505 E              | Iorida Stat   | utos   | the con   | poration |        |                          |                                | Heloby i     | accept               | tne app   | ommer  | 11 (23 ) | -6             | d              |
| CIGNATURE   |  | ini, and acci   | ept the obligatio  | ons of             | f, Section 60         | 7.0505, F              | lorida Stat   | utes   | trie cor <sub>i</sub>   | poration |        |                          |                                | neroby i     | accepi               | tne app   | ountmer  | 11 (23 1 | -6             | d<br>d         |
| SIGNATURE   |  | or printed name   | of registered agent a  | ind title          | if applicable         |                        | lorida Stat<br>TE Registere   |  |   |          | when r | reinstating)             |                                |              |                      | DATE      |  |          |                | ea<br>d        |
| 12.   | Signature, typed   | or printed name   |  | ind title          | if applicable         | (NO                    | TE Regislerer   | d Ager   |   |          | when r |                          |                                |              |                      | DATE      | D DIREC  | TORS     | S IN 12        | -              |
| 12.<br>TITLE  | Signature, types   | or printed name   | of registered agent at<br>FFICERS AND D  | ind title          | if applicable         |                        | TE Regislerer<br>13.  | d Ager   |   |          | when r | reinstating)             |                                |              |                      | DATE      |  | TORS     |                | -              |
| 12.<br>Title<br>NAME  | DPT CASE-0   | or printed name   | of registered agent at<br>FFICERS AND D  | ind title<br>DIREC | if applicable         | (NO                    | TE Regislerer<br>13.<br>1.1 Ti  | d Ager<br>ILE<br>AME   | nt signature  |          | when r | reinstating)             |                                |              |                      | DATE      | D DIREC  | TORS     | S IN 12        | -              |
| 12.<br>TITLE<br>NAME<br>STREET ADDRESS  | DPT<br>CASE-0<br>710 OA  | E HAVEN,  | of registered agent at<br>FFICERS AND D  | ind title<br>DIREC | if applicable         | (NO                    | TE Registere: 13. 1.1 Ti 1.2 Ni 1.3 Si  | d Ager<br>TLE<br>AME   | nt signature  |          | when r | reinstating)             |                                |              |                      | DATE      | D DIREC  | TORS     | S IN 12        | -              |
| 12.<br>Title<br>NAME  | DPT<br>CASE-0<br>710 OA<br>BRAND   | E HAVEN,  | of registered agent at<br>FFICERS AND D  | ind title<br>DIREC | if applicable         | (NO                    | TE Registere: 13. 1.1 Ti 1.2 Ni 1.3 Si  | d Ager<br>TLE<br>AME<br>TREET /  | nt signature  |          | when r | reinstating)             |                                |              |                      | DATE      | D DIREC  | TORS     | S IN 12        | ition          |
| 12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPT<br>CASE-0<br>710 OA<br>BRANDO<br>CEO   | E HAVEN,<br>KFIELD DR   | of registered agent at<br>FFICERS AND D<br>CANDACE<br>IVE, SUITE 22                  | ind title<br>DIREC | if applicable         | (NO<br>DELETE          | TE Registerer<br>13.<br>1.1 Ti<br>1.2 Ni<br>1.3 ST  | d Ager<br>TLE<br>AME<br>TY-ST<br>TLE   | nt signature  |          | when r | reinstating)             |                                |              |                      | DATE      | D DIREC  | TORS     | S IN 12        | ition          |
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| TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                    | DPT<br>CASE-0<br>710 OA<br>BRANDI<br>CEO<br>KYNKOI<br>710 OA<br>BRANDI<br>SD<br>KYNKOI<br>710 OA<br>BRANDI | E HAVEN,<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR | of registered agent at<br>FFICERS AND D<br>CANDACE<br>IVE, SUITE 22<br>IVE, SUITE 22 | ind title<br>DIREC | f applicable<br>CTORS | DELETE  DELETE         | 13. 1.1 Tr 1.2 N/ 1.3 S1 1.4 Cl 2.1 Tr 2.2 N/ 2.3 S1 2.4 C 3.1 W 3.2 N/ 3.3 S1 3.4 C 4.1 Tr 4.2 N 4.3 S1 4.4 Cl 5.1 Tr 5.2 N/ 5.3 S1                    | ILE  AME  TY-ST  TLE  AME  TREET /  TY-ST  TLE  AME  TY-ST  TLE  TY-ST  TLE  TLE  TLE  TLE  TLE  TLE  TLE  T   | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP |          | when r | reinstating)             |                                |              |                      | DATE      | D DIRECTOR Cha   | TORS     | S IN 12 Addit  | ition ition    |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DPT<br>CASE-0<br>710 OA<br>BRANDI<br>CEO<br>KYNKOI<br>710 OA<br>BRANDI<br>SD<br>KYNKOI<br>710 OA<br>BRANDI | E HAVEN,<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR | of registered agent at<br>FFICERS AND D<br>CANDACE<br>IVE, SUITE 22<br>IVE, SUITE 22 | ind title<br>DIREC | f applicable<br>CTORS | DELETE  DELETE  DELETE | 13. 1.1 Tr 1.2 N 1.3 S1 1.4 Cl 2.1 Tr 2.2 N 2.3 S1 2.4 C 3.1 Tr 3.2 N 3.3 S1 4.4 Cl 5.1 Tr 5.2 N 5.3 S1 5.4 Cl  | ILE  AME  TY-ST  TLE  TY-ST  TLE  TLE  TLE  TLE  TLE  TLE  TLE  T  | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP |          | when r | reinstating)             |                                |              |                      | DATE      | D DIRECTOR Character Chara | TORS     | Addit          | ition ition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DPT<br>CASE-0<br>710 OA<br>BRANDI<br>CEO<br>KYNKOI<br>710 OA<br>BRANDI<br>SD<br>KYNKOI<br>710 OA<br>BRANDI | E HAVEN,<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR<br>DN FL<br>R, PAMELA<br>KFIELD DR | of registered agent at<br>FFICERS AND D<br>CANDACE<br>IVE, SUITE 22<br>IVE, SUITE 22 | ind title<br>DIREC | f applicable<br>CTORS | DELETE  DELETE  DELETE | 13. 1.1 Tr 1.2 NA 1.3 S1 1.4 Cl 2.1 Tr 2.2 NA 2.3 S1 2.4 C 3.1 W 3.2 NA 3.3 S1 4.4 Cl 5.1 Tr 5.2 NA 5.3 S1 5.4 Cl 6.1 Tr 6.2 NA                         | TILE  AME TY-ST TILE  AME TREET / TILE  AME TREET / TILE  AME TREET / TILE  TI | ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP |          | when r | reinstating)             |                                |              |                      | DATE      | D DIRECTOR Character Chara | TORS     | Addit          | ition ition    |

indicated on this annual report or supplied with this initial 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block //3 if changed, or on an attachment with an address.