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

· PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

APPROVED AND FILED

98 MAY 26 PM 2: 15

SECRETARY OF STATE

DOCU 1. Corporation	MENT # K4482 (6 (1)		TALLAHASSE	E FLORIDA
70,000		•			•
				I (BANTINI ANK ANNIA ANARA KARKE ANG ARTIK ANA	NI BIBNI BIBNI BIBNI BIBNI BIBNI
- <u>-</u>					
Principal Plac		Mailing Address		Language an albut atabi sette mate and albut ata	ir anmer memer minel Giffit 1881
% DAVID J. WILEY % DAVID J. WILEY 720 MAGNOLIA AVE 720 MAGNOLIA AVE					
NEW SMYRNA BEACH FL 32168		NEW SMYRNA BEACH F	L 32168	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
A Principal D	lace of Business	Ta Madissa Addisa		11/10/1988	
2. Principal P	lace of Busiliess	2a. Mailing Address 26		4. FEI Number	Applied For
Sulte, Apt #, etc.		Suite, Apt. #, etc.		59-2927948	Not Applicable \$8.75 Additional
22	_	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zηρ	Country	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curren	29 It Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
WI	EY, DAVID J.		81 Nam		7130111
720 MAGNOLIA AVE			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
NEW SMYRNA BEACH FL 32168			02 Sile	et Address (1.0. box Northbel is Not Acceptable)	
			83		
			84 City		85 Zip Code
dd. Dworod to the presidence of Continue CO7 0/ 00 and CO7 4/ 00 Fig. 14- Out and				FL	_ `
office or r	egi ste red agent, or both, in the State	of Florida, Such change was	es, the above-name authorized by the c	ed corporation submits this statement for the purpose or orporation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	т тат шаг w ith, ан с ассерт the obliga	tions of, Section 607,0505, FI	orida Statutes.		
SIGNATURE	Signature, typed or proted name of nightered age	of and title al applicable (NO)	L: Registered Agent signal	ture required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DEVED THOMAS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEVER, THOMAS 765 OLD MISSION RD		1.2 NAME		
STREET ADDRESS City-St-Zip	NEW SMYRNA BCH FL		1.3 STREET ADDRES		
TITLE	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	3000,025,37	16 30 noce () 10 Addition
NAME	WILEY, DAVID J.	_	22 NAME	-U5/21/36U	****150.00
STREET ADDRESS	907 N ATLANTIC AVE.		2 3 STREET ADDRES		####100.00
CITY-ST-ZIP	NEW SMYRNA BCH FL		2 4 CHY-ST-7IP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	S	ļ
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME		L'3 presie	4.1 TITLE 4. 2 NAME		Charge C Addition
STREET ADDRESS			4.3 STREET ADDRESS	e e	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 117LE		Change Addition
NAME			5.2 NAME	(4	
STREET ADDRESS			5.3 STREET ADDRESS	\$ \h5\26	
CITY - ST - ZIP		Toronto.	5 4 CITY-ST-ZIP	1/2/	
TITLE		☐ DELETE	61 TITLE	4	Change Addition
NAME			6.2 NAME		Ţ
STREET ADDRESS			6.3 STREET ADDRESS	8	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.