## 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 DOCUMENT # K45261

(0)

## **FILED** Apr 24 1998 8:00am Secretary of State

Principal Place ROUTE 5. BO! LAKE CITY FL	K 617	Mailing Address ROUTE 5, BOX 617 LAKE CITY FL 32024 US		DO NOT WRIT  3. Date Incorporated or Qualified  11/15/1988	E IN THIS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address	211 H CA	4. FEI Number	Applie	d For
21 22 Suite, Apt.	39 216th St.		21648 St.	59-2918597		plicable
22 SURB, API.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Requir	
City & State	,	City & State		6, Election Campaign Financing	\$5.00 May	
23		28		Trust Fund Contribution	Added to Fe	
Zip	Country	Zip	Country	8. This corporation owes or has p		
24	25 25 Name and Address of Current F	29 Agent	30	Personal Property Tax due June 10. Name and Address of New Re		<u> </u>
RO!	SSERMAN, ROBERT T.	Johnstein Whellt	81 Name	70, Hame and Address of New A	ogistered Agent	-
	5, <b>B</b> OX 617			100-100-1	·	
	E CITY FL 32055		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
— <del>-</del>			83			
			84 City		85 Zip Code	
			1 1 1			9
11. Pursuant toffice or reagent. Lar	o the provisions of Sections 607.0502 a ogistered agent, or both, in the State of in familiar with, and accept the obligation	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, Fl	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its re- ept the appointment as regi	gistered stered
SIGNATURE	o the provisions of Sections 607.050? a ogistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of regressed agency OFFICERS AND 6	and the diapplicable (NO	tes, the above-named cor authorized by the corpora lorida Statutes.  It Registored Agont signature requ.  13.		DATE	
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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 12 or Block 13 if changed, or on an attachment with an address.