SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(9)

FILED Jul 09 1998 8:00am Secretary of State

Principal Place of Business 1973 17TH ST.		i OAÇIO C	if Sarasuta, Ir	10.												
BRASOTA FL 9424 SARASOTA FL 9424 2. Principal Place of Business 2. Melting Address 2. Emergency of Business 2. Melting Address 3. Date Incorporated or Qualified 11/29/1988 2. Principal Place of Business 2. Melting Address 3. Date Incorporated or Qualified 11/29/1988 2. Emergency of Business 2. Melting Address 3. Date Incorporated or Qualified 11/29/1988 3. F. F. Humber 5. Source, Apt. #, etc. 2. City & State 2. Date of Business 2. City & State 2. City & Country 2. State 2. City & Country 2. State 2. City & State 2. City & Country 2. State 2. City & Country 2. State 2. City & Country 2. State 2. Ci	Dringinal Plac	o of Business	,	Mailing A	ddroes						I H idiş ili ə hi i					
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ALSTON, DOUGLAS A. 1973 17TH ST. SARASOTA FL 34234 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ALSTON, DOUGLAS A. STREET ADDRESS STORATOR FL ALSTON, VALERIE J. STREET ADDRESS STORATOR FL STREET ADDRESS CITY-ST-2P TITLE DELETE Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-2P TITLE DELETE STREET ADDRESS CITY-ST-2P TITLE DELETE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-	24					30	т——									_J No
11. Pursuant to the provisions of sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the provisions of sections 607 0502, Florida Statutes. SIGNATURE				ent Registered A	gent		D4	Mama		10. Nan	ie and Add	ress of Ne	w Registi	ered Age	nt	
SARASOTA FL 34234 8			ilas a.				"	IVAITIE								
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11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and time if application. (INTE Registered Agent agenture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ALSTON, DOUGLAS A. 12 NAME STREET ADDRESS STANDAGATA FL LOTINST-ZIP SARASOTA FL LOTINST-ZIP ALSTON, VALERIE J. STANDAGATA FL STANDAGATA FL STANDAGATA FL SYZZL TITLE ALSTON, VALERIE J. DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 TITLE DELETE 55 NAME 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 TITLE DELETE 55 NAME 55 NAME 55 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 55 NAME 55 STREET ADDRESS CITY-ST-ZIP Change Addition Change Change Change Addition Change C																
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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 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.

941.365.7000