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

CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

FILED May 07 1998 8:00am Secretary of State

City & State City & State City & State City & State State City & State City & State City & State State City & State State City & State State City & State State State City & State	Applied For Not Applicable 5 Additional a Required 00 May Be led to Fees r Intangible
FORT WALTON BCH FL 32548 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/29/1988 2. Principal Place of Business 28. Mailing Address Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 27. City & State City & State City & State 28. City & State City & State 29. Country 21. Country 22. Principal Place of Business City & State Country	Not Applicable 5 Additional e Required 00 May Be led to Fees r Intangible
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ARA REAL RABIANAN ARA	
131 BEAL PARKWAY NW B2 Street Address (P.O. Box Number is Not Acceptable)	
SUITE C FT WALTON RCH FL 32548	
FT WALTON BCH FL 32548	
84 City 85 3	Zip Code
FL (*)	o ita calletand
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 office or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	as registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed partie of registered agent and little if applicable (NOTE Registered Agent aignature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	TORS IN 12
TITLE D DELETE 1.1 TITLE	ge 🔲 Addition
NAME DECOTIS, ANTHONY MD 1.2 NAME	į
STREET ADDRESS 1201 EGLIN PARKWAY C 13 STREET ADDRESS 131 NW BEAL PARKWAY	
CITY-ST-ZIP SHALIMAR FL 14CITY-ST-ZIP FORT WALTON BEACH, FL. 32	?218
TITLE DELETE 21 TITLE Chan	
NAME 2.2 NAME	
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CITY-ST-ZIP 2. 4 CITY-ST-ZIP	
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STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	J

mulcated 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 ar 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.

SIGNATURE:

850-243-8558