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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K65313

(4)

FILED Apr 24 1998 8:00am Secretary of State

Principal Place		Mailing Address * BRAD DILLINGHAM			
365-A SARASOTA CENTER BOULEVARD 365-A SARASOTA CI		365-A SARASOTA CENT	TER BOULEVARD	DO NOT HIDITE IN THIS SOLAR	
		SARASOTA FL 34240		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal Pr	lace of Business	2a. Mailing Address	·	01/31/1989 4. FEI Number	Applied For
1	lace of Business	26		65-0095727	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.			CO 75 Additional
2		27		Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5,00 May Be
3		28			☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
<u> </u>	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curr	rent Registered Agent	-	10. Name and Address of New Reg	stered Agent
	LINGHAM, BRAD		81 Name		
4947 SILKWOOD DR			82 Street Ac	dress (P.O. Box Number is Not Acceptable	9)
SA	RASOTA FL 34241		83		
			83		
			B4 City		FL 85 Zip Code
44 6		500			
agent. i a	m familiar with, and accept the obl	ligations of, Section 607.0505, F	Florida Statutes.	orporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typod or printed name of registered	egent and title if applicable (NC	DTE: Registered Agent signature re-	quired when reinstating)	DATE
SIGNATURE	Signature, typod or printed name of registered				DATE PRS AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typod or printed name of registered OFFICERS A	agent and title if applicable (NC	DTE: Registered Agent signature rec	quired when reinstating)	DATE PRS AND DIRECTORS IN 12
SIGNATURE 12. IITLE NAME	Signature, typod or printed name of registered OFFICERS A	agent and title if applicable (NC	DTE Registered Agent signature rec 13.	quired when reinstating)	DATE PRS AND DIRECTORS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A P DILLINGHAM, BRAD	agent and title if applicable (NC	13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE PRS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS A P DILLINGHAM, BRAD 4947 SILKWOOD DR	agent and title if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
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4. I hereby certify that the information supplied with this filing does not quality 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 eath; 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, of on an attachmapt with an address.

CICMATURE

941-371-8898