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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # KON712

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	Corporation SOUTH		RPO	RATE PACKI		C.								
Principal Place of Business Mailing Address									4 JEGIQINI BIO 10111 BOJAN (0907 NOI	0 (UD) 01014 DH	DIE BIBIA DIBIE BI	OKI WIDII IBDI		
403 E MAIN ST P.O. BOX 5309 1MMOKALEE FL 34142 US US										DO NOT WRITE IN THIS SPACE				
00	•				•	03			T	3. Date Incorporated or Qualific	ed			
										05/25/1989				
	2. Principal Place of Business				28	2a. Mailing Address				4. FEI Number		<del></del>	Applied For	
21	21 26 Suite, Apt. #, etc. Suit					Suito Ant # ata	Suite, Apt. #, etc.			65-0125050		4	Not Applicable	
22					27	27			4	5. Certificate of Status Desired			Additional Required	
i '	City & State City &					City & State	State			8. Election Campaign Financing	,	\$5.00	May Be	
23			·		28					Trust Fund Contribution			to Fees	
	Zip		<u> </u>	Country	<u> </u>	Zip	Cou	ntry		B. This corporation owes or has				
24		0 Name	25 and	Address of Cur	29 rent Beni	stered Agent	30		- 1	Personal Property Tax due J  Name and Address of New			∐ No	
<del> </del>	ADE			Addition of Car	on nog	stored Agent		81 Name				a Agoin		
		RIGO, BRIA NEW MAR		ROAD				82 Street A	Bri	(P.O. Box Number is Not Accer	)			
		IOKALEE F					-	42		E. Main S	Table)			
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							ł	84 City				<b>85</b> Zip	Code	
								I Immokalee FL 34			4142			
11.	office or re	to the provis egistered ac	gent.	or Sections 607.0 or both, in the St	te of Flor	ida. Such change was	tes, the at authorized	ove-named of by the corpo	corporation's	ion submits this statement for the board of directors. I hereby ac	e purpose cept the ap	or cnanging ppointment a	its registered is registered	
	•	m tamiliar w	ilh, a	nd accept the ob	ligations of	of, Section 607.0505, F	lorida Stati	utes.						
I SIG														
	NATURE	Signature, typed	S Or prin	ted name of registered	agent and till	e il applicable. (NO	TE Registered	Agent signature re	equired wh	en reinstating)	DATE			
12.	INATURE		S or prin	ted name of registered OFFICERS A		CTORS	TE Registered	Agent signature re	equired wh	en reinslating) ADDITIONS/CHANGES TO OF				
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CITY-ST-ZIP 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.

SIGNATURE:

3/24/98

**FILED** 

Mar 30 1998 8:00am

Secretary of State