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

FILED Apr 27 1998 8:00am Secretary of State

1. Corporation	MENT # L01683 UN CONSTRUCTION COMPA	\ /			14 JUN 1881 1881
Principal Place	of Business	Mailing Address		I IBBITHALI ALI BATAN ITAHA AKIDI IBITA KINI BHAK ATI	III KIBIT ÖNRUS BIBIT ÖTRUT HORT
205 SOUTH LAKEVIEW AVENUE 205 SOUTH LAKEVIEW AV			VENUE		
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787					
				DO NOT WRITE IN THIS	S SPACE
				 Date Incorporated or Qualified 07/13/1989 	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0143403	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation owes or has paid the c	
24	9. Name and Address of Current	29 Resistered Apent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
CALHOUN, WAYMOND H., SR 205 SOUTH LAKEVIEW AVENUE WINTER GARDEN FL 34787 81 Name Calhoun Way B2 Street Address (P.O. Box Number is Not Acc					
			84 City	ter Garden Fl	85 Zip Code 3 4787
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the inove-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 agent. I am familiar with and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE					
12.	Signature typed or printed or a of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TETLE	STD	DELETE	1.1 TITLE		Change Addition
NAME	Calhoun, Tilda Duke		1.2 NAME		[·
STREET ADDRESS	205 S. LAKEVIEW AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP		
TITLE	VPO	DELETE	2.1 TITLE		Change Addition
NAME	CALHOUN, WAYMOND		2.2 NAME		ļ
STREET ADDRESS	205 S LAKEVIEW AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		2. 4 CITY-ST-ZIP		
TITLE	b b	☐ DELETE	3.1 TITLE		Change Addition
NAME	CALHOUN, WAYMOND H J		3.2 NAME		
STREET ADDRESS	205 \$ LAKEVIEW AVENUE WINTER GARDEN FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	WHITEN GANDEN FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE					Charige C Applicat
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- Derrie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify to		Section 119 07(3)(i). Florida Statutes, I further	certify that the information

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 supplimental 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 13 if changed or on an attackment with an address.

WAY MOND N. Calby 4N SIGNATURE:

4/15/90 407-877-2569