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 # L26197

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(8)

FILED Apr 24 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address		I TARLIAN BIE GENER HINDE HINDE HENDE HENDE	njali njaji Alahi Alahi Elahi Alahi (60)	
% WILLIAM J. FUL	% WILLIAM J. FULLER	H				
4700 DEL SOL BLVD 4700 DEL SOL BLVD SARASOTA FL 34243 SARASOTA FL 34243					DO NOT WRITE II	N THIS SPACE
	,10	ONLINGOIN IE STETS			3. Date Incorporated or Qualified	7.1.10
					10/27/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		65-0157704	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country 7ip		Country	<i></i>	This corporation owes or has paid	
24	25	29	30		Personal Property Tax due June 3	
	Name and Address of Curre	ent Registered Agent	1221		10. Name and Address of New Regi	
FULLEF	R, WILLIAM J. III		81	Name		
1530 CROSS ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
Sarasi	OTA FL 34236					7
			83			
			84	City		85 Zip Code
44 Dissuppt to the	Provisions of Costions CO7 DE	00 and 007 18 00 Cinida Dia				_ - _
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 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am ian	niliar with, and accept the obliq	gations of, Section 607,0505, f	Florida Statutes	5.	- '	, ,
SIGNATURE	ure, typod or printed name of registered ag	gent and title if accelerable (N)	Dif : Registered Age	ont signature required	d when reinstaling)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE D		☐ DELET E	1.1 TITLE			Change Addition
	HILDS, HIRAM T		1.2 NAME			
STREET ADDRESS 4700 DEL SOL BLVD			1.3 STREET	ADDRESS		
	ARASOTA FL		1.4 CITY-S	T-ZIP		
TITLE	☐ DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME ETBEET ADDRESS			2.2 NAME			
STREET ADDRESS			2.3 STREFT			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ANDRESS		
CITY-ST-ZIP			3.4. CtTY - S			
TITLE			4.1 TITLE			Change Addition
NAME	1.		4. 2 NAME			·
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T- 21P		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME .			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY- ST	I - ZIP		
TITLE NAME		☐ Offe#	6.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	ADDOCCO		
			6.3 STREET			
CITY-ST-ZIP	No. 10 Company		6.4 CITY - ST	I - ZIP		

4. I hereby certify that the information supplied with this filling 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 attachingent with an address.

SIGNATURE: Suide

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