SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

_39346

(6)

PERMABASE, INC.

Principal Place of Business	Mailing Address			
P O BOX 7578	P O BOX 7578			
SUN CITY FL 33586	SUN CITY FL 33586			

FILED Jul 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0168394 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Zip Country 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASEY, WILLIAM W. 1611 LIGHTFOOT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WIMAUMÁ FL 33598 83 84 City Zip Code

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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP OFFICERS AND DIRECTORS	7	1.1 TITLE				
-	, - ·] DELETE		Change Addition			
NAME	CASEY, WILLIAM W.		1.2 NAME	i			
STREET ADDRESS	1611 LIGHTFOOT ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA FL		1.4 CITY-ST-ZIP				
TITLE	∖D _₹	DELETE	2.1 TITLE	Change Addition			
NAME	CASEY, LEANN		2.2 NAME				
STREET ADDRESS	1611 LIGHTFOOT ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	WIMAUMA FL		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME	•			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			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	1		6.4 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.