## 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 #

(9)

SCHRADER, JOHNSON, AUVIL & BROCK, P.A.

**FILED** Jan 26 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address			E 1884 INTERIOR STATE OF STATE	
37837 MERIDIAN AVE STE 314 DADE CITY FL 33525 US		37837 MERIDIAN AVE STE 314 DADE CITY FL 33525 US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  01/16/1990	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
<u>1</u>		26			59-2985033	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the co	rrent year Intangible
4	25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
JOHNSON, LEONARD H. 37837 MERIDIAN AVE SUITE 314 DADE CITY FL 33525				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83		
UADI	E UIIT PL 333525			1 1		

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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE DS JOHNSON, LEONARD H. 1.2 NAME NAME 37837 MERIDIAN AVE STE 314 1.3 STREET ADDRESS STREET ADDRESS ST. LEO FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE NAME SCHRADER, JEROME G. 37837 MERIDIAN AVE STE 314 2.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE AUVIL, JON L 3.2 NAME NAME 37837 MERIDIAN AVE STE 314 3.3 STREET ADDRESS STREET ADDRESS DADE CITY FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE BROCK, P HUTCHISON II 4. 2 NAME NAME 37837 MERIDIAN AVE STE 314 STREET ADDRESS 4.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

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