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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L67999

BUILDING 723 CORPORATION

FILED

Feb 02 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 723 E COLONIAL DR 723 E COLONIAL DR ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1990 2. Principal Place of Business 2a. Mailing Address Applied For 59-0300594 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Žip Country This corporation owes or has paid the current fear Intangible Country ☐ No Yes Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOS, CAREY N. 2903 TRENTWOOD BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed hame of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE 11 TITLE TITLE BOS. HELEN RASKA 1.2 NAME NAME 2903 TRENTWOOD BLVD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIF 1.4 CHY-ST-ZIP DELETE Change ___ Addition 21 TILLE TITLE BOS, CAREY N. 22 NAME 2903 TRENTWOOD BLVD STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE GIERACH, JOHN R. 3.2 NAME NAME 11504 PARK AVE 3.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 4.1 TITLE GIERACH, DEBORAH L. NAME 4.2 NAME 11504 PARK AVE STREET ADDRESS 4.3 STREET ADDRESS WINDERMERE FL 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 of 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.