COR ANNU	PROFIT RPORATION JAL REPORT 1998	FLORIDA DEP/ Sendre Secret	IS \$550.00 ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	May 18 1	LED 1998 8:00a 199 of State
DOCUI 1. Corporation CONSO	MENT # L7384	America, Inc.			
1201 NORTH	cipal Place of Business Mailing Address M NORTH "P" \$TREET 1201 NORTH "P" \$TREE NSACOLA FL \$2505 PENSACOLA FL \$2505		T	DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 05/14/1990 	
2. Principal Pl	lace of Business	2a. Mailing Address 26	<u>, , , , , , , , , , , , , , , , , , , </u>	4. FEI Number 59-3042743	Applied For Not Applicat
Suite, Apt.	#, elc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State	<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country	 This corporation owes or has p Personal Property Tax due Jun 	
	9. Name and Address of Cur RRY, WILLIAM M.	rent Registered Agent	81 Name	10, Name and Address of New R	egistered Agent
120	1 NORTH "P" STREET			ddress (P.O. Box Number is Not Accepta	able)
PEN	NSACOLA FL 32505		83		,
			84 City		85 Zip Code
11. Pursuant 1	to the provisions of Sections 6071	1502 and 607 1508 Elorida Stati		orporation submits this statement for the	
	to the provisions of Sections 605 c epistered agent, or both, in the S m familiar with, and boughthout	502 and 607.1508, Florida Stat ate of Florida. Such change was bligations of, Section 607.0505, f		orporation submits this statement for the ration's board of directors. I hereby acce	FL purpose of changing its registered opt the appointment as registered
SIGNATURE	Signature, typed or printed number of registered				PL purpose of changing its registered ept the appointment as registered
SIGNATURE 12. IITLE	Signature, typed or printed number of registred OFFIC/1957	fagunt aud title if applicable (N	utes, the above-named ci s authorized by the corpor forida Statutes.	quired when reinstating)	PL purpose of changing its registered ept the appointment as registered
SIGNATURE 12. IITLE	Signature, typed or printed number of registred OF FICE 195	Faguri and title if applicable (NG AND DIRECTORS	utes, the above-named ci s authorized by the corpor forida Statutes. DTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE
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