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 # L81596

(3)

STORCH, HANSEN & MORRIS, P.A.

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Feb 20 1998 8:00am

Secretary of State

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61 1 101	- CD	M - 90 A - I				-{
Principal Place		Mailing Address				
C/O GLENN (d. Storch /De Morris Blvd Suite 300	C/O GLENN D. STORCH 1620 SO. CLYDE MORRIS BLVD., SUITE 300		300		
	ACH FL 32119		AYTONA BEACH FL 32119		•	DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/18/1990
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3030397 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		City & State				
City & State	ь	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip	Country	Zip Country			This corporation owes or has paid the current year Intangible	
24	25	29	30	-		Personal Property Tax due June 30. Yes No
	g. Name and Address of Current		11			10. Name and Address of New Registered Agent
STO	ORCH, GLENN D.			81	Name	
1620 SOUTH CLYDE MORRIS BLVD.				82	Street Address (P.O. Box Number is Not Acceptable)	
	ITE 300			"	otiobt Addie	555 (1.0. DOX HUMBON IS NOT HOUSE)
DA	YTONA BEACH FL 32119			83		
				84	City	85 Zip Code
					•	FL
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registed						
office of ri	egistered agent, or both, in trie State om familiar with, and accept the obligat	tions of, Section 607.05 05 , F	Torida Sta	itutes.	rie corporatio	orts poard of directors. Thereby accept the appointment as registered
SIGNATURE						
- CIGITATIONE	Signature, typed or prioted name of registered agen		TE: Registere	inagA be	signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	ATABALL ALEMAN B		1.1 T			Cutaille (T vacation
NAME	1620 S.CLYDE MORRIS BLVD		1.2 NAME			
STREET ADDRESS	DAYTONA BEACH FL		1.3 STREET ADDRESS			·
CITY-ST-ZIP	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		ZIP	Change Addition
TITLE	HANSEN, MARY D.	ELL DECENE	2.2 NAME			
NAME .	1620 S.CLYDE MORRIS BLVD				DODECC	
STREET ADDRESS	DAYTONA BEACH FL		2.3 STREET ADDRES 2. 4 City-St-Zip			
CITY-ST-ZIP TITLE	VD	☐ DELETE	3.1 T		-24	Change Addition
NAME	MORRIS, JAMES, S	_	3.2 NAME			
STREET ADDRESS	1620 S CLYDE MORRIS BLVD		3.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY - ST - 2IP			
TITLE	8	DELETE	4.1 TITLE		<u> </u>	Change Addition
NAME	LUCE, MELANIE H		4.21	4. 2 NAME		
STREET ADDRESS	1620 S CLYDE MORRIS BLVD	#300	4.3 STREET ADDRES		odress	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 DITY-ST-ZIP		ZIP	
TITLE	DELETE 5.11				☐ Change ☐ Addition	
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ZIP	
TITLE		☐ DELETE	6.1 TITLE		Ī	☐ Change ☐ Addition
NAME			6.2 N	IAME		
STREET ADDRESS			635	TREET A	DDRESS	
l l						

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 pranged, or on an attachment with an address.