FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCU 1. Corporatio	MENT # L89786 INING, INC.	(2)		
Principal Plac		Mailing Address		
BOI N. MAGNOLIA AVENUE SUITE 401 ORLANDO FL 32803		801 N. MAGNOLIA AVENUE SUITE 401 Orlando Fl. 32803		DO NOT WRITE IN THIS SPACE
9 Principal P	face of Business	2a, Mailing Address	····	3. Date Incorporated or Qualified 07/30/1990 4. FEI Number Applied For
21	igov o Bagine oo	26		59-3017977 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Current BROOKS	Registered Agent	81 Name	10. Name and Address of New Registered Agent
SU	i n. Magnolia avenue Ite 401 Lando fl 32803		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)
office or r agent I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or professioner of injusticed agen	of Florida Such change was a lions of, Section 607 0505, Flo	uthorized by the corpora rida Statutes. Registered Agent signature requ	
TITLE	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	BROOKS, CHARLES E. 1255 MAJESTIC OAK DR. APOPKA FL	_ bear	1.2 NAME 1.3 STREET ADDRESS	_ Onling
CITY-ST-ZIP TITLE	VO	DELETE	1.4 GITY-ST-ZIP 2 1 TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS	Garner, John Michael 117 Planters Row East		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2. 4 City-St-ZiP	
TITLE	VD	☐ DELETE	3 1 TITLE	L Change Additio
NAME STREET ADDRESS	MCCLANAHAN, BILL L. 887 GEORGIA AVENUE		3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		3 4. CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME	BROOKS, CYNTHIA M.		4. 2 NAME	
STREET ADDRESS	1255 MAJESTIC OAK DRIVE APOPKA FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	AF OFINA FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Additio
NAME			5.2 NAME	,
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Additio
NAME STREET ADDRESS			62 NAME 63 STREET ADDRESS	
PINEE I WORKERS			D 3 STREET ADDRESS	

4. 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 eath; that I am an officer or director of the corporation or the receiver or frustee ampowered 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 indicate of the corporation of the receiver of rustee and the corporation of the receiver of rustee and the rust of the corporation of the receiver of rustee and the rust of t

3/31/98 (401)422-4474

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Apr 24 1998 8:00am