## 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 #

1. Corporation Name

Principa 7667 N **#1410** MELBO

Suite

City

WHITMAN & ASSOCIATES, INC.

**MELBOURNE FL 32940** 

**FILED** May 06 1998 8:00am Secretary of State

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I Place of Business	Mailing Address					
I WICKHAM RD	P.O. BOX 361862 MELBOURNE FL 32936-1862					
URNE FL 32940	us		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified			
			09/10/1990			
lpal Place of Business	2a. Mailing Address	.4.7	4. FEI Number	Applied For		
180 KARIBA	26 6180 KANT 1	$\mathcal{N}$	NOT APPLICABLE	Not Applicable		
, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
State CL	City & State  28 MELBOURNE	pr	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
25 BRYNAN	29 32740 30 84	Intry	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible Yes No		
<ol><li>Name and Address of Current</li></ol>	Registered Agent	10. Name and Address of New Registered Agent				
WHITMAN, JOHN 7667 N WICKHAM RD			ess (P.O. Box Number is Not Acceptable)			
ADT 4440						

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. Fam family it with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and take	if applicable (NOTE:	: Rogistered Agent signature requir	ed whon reinstating)	DATE	<del></del>				
12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12				
TITLE	P	DELETE	1.1 TITLE	·······	Change	Addition				
NAME	WHITMAN, JOHN		1.2 NAME			[				
STREET ADDRESS	4651 W. EAU GALLIE BLVD.		1.3 STREET ADDRESS			İ				
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP			]				
TITLE	N 175	DELETE	2.1 TITLE		Change	☐ Addition				
NAME	WHITMAŇ, PATRICIA		2.2 NAME			j				
STREET ADDRESS	4651 W. EAU GALLIE BLVD.		23 STREET AGDRESS							
CITY+ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP			_				
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME	ROGEN MNNIGAN		3.2 NAME			[				
STREET ADDRESS	840 WILSKIOUST SC.	c 40	3.3 STREET ADDRESS							
CITY-ST-ZIP	ROBER MUNICIONES, WERMIT WHAM, PL 32	455	3.4. CITY - ST - ZIP							
TITLE	,	☐ DELETE	4.1 THTLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS			- [				
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	51 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME			]				
STREET ADDRESS			5.3 STREET ADDRESS			[				
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS			ĺ				
	ı									

CITY-S1-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 trusted 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.

1628-SV VO1.242-TUY