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

FILED Mar 27 1998 8:00am Secretary of State

1. Corpora		# M375 [MENT CORPOR/		(1)					
Principal Pl	ace of Busines	is s	Mailing Addres	s				MET MYMIT MYMIT MYM	III MANIT INNI
104 VALE	NCIA DR		104 VALANCIA	104 VALANCIA DR					
ISLAMORADA FL 33036				ISLAMORADA FL 33036			DO NOT WOLFE IN THE	00105	
US			U\$				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
							08/28/1986		
2. Principa	Place of Busi	ness	2a. Mailing Ado	2a. Mailing Address			4. FEI Number		pplied For
21	¬ ` }			26			59-2740578	 - 	ot Applicable
	pt. #, et c.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
			27				5. Certificate of Status Desired	Fee Re	equired
City & S	City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24		Country 25	Zıp	, <u> </u>			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Curr					10. Name and Address of New Registered	J Agent	
	NEWMAN, M	ARJORIE J.			81	Name			
	104 VALENC	ia dr				Street Add	ress (P.O. Box Number is Not Acceptable)		
ISLAMORADA FL 33036					82		(.c. Box trained to that the option)		
					83				
					84	City		85 Zip (Code
						•	FI		ļ
11. Pursua office c agent.	nt to the provis or registered aç I am familiar w	sions of Sections 607.05 gent, or both, in the Sta ith, and accept the obl	502 and 607.1508, Flor te of Florida. Such cha gations of, Section 607	ida Statute nge was au 7.0505, Flor	s, the above uthorized by rida Statutes	-named cor the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as	s registered registered
SIGNATUR	E Signature, types	for printed name of registered a	gent and title if applicable.	(NOTE:	Registered Ager	nt signature requ	ired when reinstating) DATE		
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	PSD			ELETE	1.1 TITLE			Change	Addition
NAME		AN, MARJORIE J.							
STREET ADDRES	~	LENCIA DR				address			
CITY-ST-ZIP	ISLAM	DRADA FL		TI PRE	1.4 CiTY-S1	-ZIP			A de lege
TITLE			L_1 L	ELETE	2.1 TITLE	İ		L] Change	☐ Addition
NAME	_				2.2 NAME				
STREET ADDRES	is				2.3 STREET				
CITY-ST-ZIP TITLE			Пг	ELETE	2. 4 CITY-S 3.1 TITLE	1-214		Change	Addition
NAME					3.1 THLE 3.2 NAME	j		C. C. Rengo	
STREET ADDRES	is				3.3 STREET	ADDRESS			
CITY-ST-ZIP	~				3.4. CITY - S				
TITLE	 			ELETE	4.1 TITLE			Change	Addition
NAME					4. 2 NAME				
STREET ADDRES	is				4.3 STREET	ADDRESS .			
CITY-ST-ZIP	1			_	4.4 CITY-ST	- ZIP			
TITLE				ELETE	5.1 TITLE			Change	Addition
NAME					5.2 NAME				
STREET ADDRES	s				5.3 STREET	ADDRESS			
CITY-ST-ZIP	- 				5.4 CITY - ST	-ZIP			
TITLE]		ப	ELETE	6.1 TITLE]		∟ Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET ADDRESS				
CITY-ST-ZIP	1				6.4 CITY-ST	- ZIP			1

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 changed, or on an attachment with an address.

Maria a Malin december

March 17 1990