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**

	MENT # M7(TY INDUSTRIAL SALE	•			8 1 8 1 8 1 1 1 1 1
Principal Plac	e of Business	Mailing Address			i Oldia didir didir bidia didia 1881
8327 STARR DRIVE ORLANDO FL 32618		8327 STARR DRIVE ORLANDO FL 32818		DO NOT WRITE IN TH	JIC CRACE
US		U\$		3. Date Incorporated or Qualified	113 ST AGE
				04/12/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2896728	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	^	City & State			Fee Required
	₩	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
		Current Registered Agent		10. Name and Address of New Register	red Agent
H/	ATCHETT, BEULAH M		B1 Name		
8327 STARR DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32818					
			83		
			84 City		85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections	ne obligations of, Section 607.0505, Fi	les, the above-named col authorized by the corpora orida Statutes. E. Registered Agent agnature req.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	HATCHETT, BEULAH		1.2 NAME		
STREET ADDRESS	8327 STARR DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-S1-ZIP		
TITLE		L] DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	4 4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE	-	Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETĒ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 changes, or on an altachment with an address.

FILED

Apr 10 1998 8:00am

Secretary of State