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

CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## **FILED** Jan 27 1998 8:00am

| 1  | 1998  | Secretary DIVISION OF CO                 |  | Secretary o   | f State                           |
|--|---|--|--|---|-----------------------------------|
| 1. Corporation                           | MENT # M7678  | - (-)                                    |  |   |                                   |
| 0111011                                  |   | ,, ,,,,                                  |  |   |                                   |
| Principal Place                          | e of Business                                       | Mailing Address                          |  | E 140013011 FIG (40010 @) III (4001 10) 16 E (1/1 0) 8 H B  | Sit alali dinii Bisi) dinii 1881  |
| 441 WOODSTOCK DR<br>PORT ORANGE FL 32127 |   | 441 WOODSTOCK DR<br>PORT ORANGE FL 32127 |  | 1   |                                   |
|  | - 1 - 1 - 1 - 1                                     |  |  | DO NOT WRITE IN THI   | S SPACE                           |
|  |   |  |  | 3. Date Incorporated or Qualified 04/18/1988  |                                   |
| 2. Principal Pl                          | lace of Business                                    | 2a. Mailing Address                      | _ <del></del>                            | 4. FEI Number   | Applied For                       |
| 21                                       |   | 26                                       |  | 59-2892157  | Not Applicable                    |
| Suite, Apt.                              | #, etc.   | Suite, Apt. #, etc.                      |  | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |
| City & State                             | 8   | City & State                             |  | 6. Election Campaign Financing  | \$5.00 May Be                     |
| 23                                       |   | 28                                       | _ <del></del>                            | Trust Fund Contribution   | Added to Fees                     |
| Zip                                      | Country   | <b>Zip 29</b> 3                          | Country                                  | This corporation owes or has paid the of Personal Property Tax due June 30.                         | current year Intangible           |
| 24                                       | g. Name and Address of Current                      |  |  | 10. Name and Address of New Registere   |                                   |
|  | HEGAN, THOMAS ROBERT                                |  | 81 Name                                  |   | ,                                 |
|  | WOODSTOCK DR.                                       |  | 82 Street Addr                           | ress (P.O. Box Number is Not Acceptable)  |                                   |
| PORT ORANGE FL 32127                     |   |  | 83                                       |   |                                   |
|  |   |  |  |   |                                   |
|  |   |  | 84 City                                  | F   | 85 Zip Code                       |
| 11. Pursuant                             | to the provisions of Sections 607.0502              | and 607,1508, Florida Statutes           | s, the above-named corp                  | poration submits this statement for the purpose<br>tion's board of directors. I hereby accept the a |                                   |
| agent, I a                               | m familiar with, and accept the obliga              | tions of, Section 607.0505, Flori        | ida Statutes.                            | ilori's board of directors, t hereby accept the a   | opolitiment as registered         |
| SIGNATURE                                | Signature, typed or printed name of registered agen | and title if englicable (NOTE            | Registered Agent signature requir        | red when reinstating) DATE  | <del></del>                       |
| 12.                                      | OFFICERS AND  |  | 13.                                      | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 12                |
| TITLE                                    | D   | DELETE                                   | 1.1 TITLE                                |   | Change Addition                   |
| NAME                                     | MEHEGAN, THOMAS ROBERT                              |  | 1.2 NAME                                 |   |                                   |
| STREET ADDRESS                           | 441 WOODSTOCK DR.<br>PORT ORANGE FL                 |  | 1,3 STREET ADDRESS                       |   | };                                |
| CITY-ST-ZIP<br>TITLE                     | TOTA OFFICE TE                                      | □ DELETE                                 | 1,4 CITY-ST-ZIP<br>2,1 TITLE             |   | Change Addition                   |
| NAME                                     |   |  | 2.2 NAME                                 |   | 5,12,13                           |
| STREET ADDRESS                           |   |  | 2,3 STREET ADDRESS                       |   |                                   |
| CITY-ST-ZIP                              |   |  | 2, 4 CITY - ST - ZIP                     |   |                                   |
| TITLE                                    |   | L] DELETE                                | 3.1 TITLE                                |   | Change Addition                   |
| NAME                                     |   |  | 3.2 NAME                                 |   |                                   |
| STREET ADORESS<br>CITY-ST-ZIP            |   |  | 3.3 STREET ADDRESS S<br>3.4. CITY-ST-ZIP |   |                                   |
| TITLE                                    | <del></del>   | DELETE                                   | 4.1 TITLE                                | <del></del>   | Change Addition                   |
| NAME                                     |   |  | 4. 2 NAME                                |   | l                                 |
| STREET ADDRESS                           |   |  | 4.3 STREET ADDRESS                       |   | İ                                 |
| CITY - ST - ZIP                          |   | T DELETE                                 | 4.4 CITY-ST-ZIP                          |   | Ohanna Addition                   |
| TITLE<br>NAME                            |   | DELETE                                   | 5.1 TITLE                                |   | Change Addition                   |
| STREET ADDRESS                           |   |  | 5.2 NAME<br>5.3 STREET ADDRESS           |   | 1                                 |
| CITY-ST-ZIP                              |   |  | 5.4 CITY-ST-ZIP                          |   |                                   |
| TITLE                                    | <del></del>   | L] DELETE                                | 6.1 TITLE                                |   | Change Addition                   |
| NAME                                     |   |  | 6.2 NAME                                 |   |                                   |
| STREET ADDRESS                           |   |  | 6.3 STREET ADDRESS                       |   |                                   |
| CITY-ST-ZIP                              | ertify that the information subplied wit            | h this filing does not qualify for       | 6.4 CITY-ST-ZIP                          | 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 accur          | ate and that my signatur                 | Section 119.07(3)(I), Florida Statutes. I further re shall have the same legal effect as if made    | under oath; that I am an          |

officer or director of the corporation of 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