





M86317

(8)

FILED May 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
•	IORAN BLVD., STE. 2-E	200 EAST ROBINSON S	TREET		
CASSELBERRY		STE. 500	INCLI	DO NOT WRITE IN THIS SPACE	
		ORLANDO FL 32801		3. Date Incorporated or Qualified	
				06/21/1988	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		[26]		59-2894376 Not Applica	
Suite, Apt 1	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required	
City & State	1	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. X Yes No	
	g, Name and Address of Cu		81 Name	10. Name and Address of New Registered Agent	
	RIDA CORPORATE SUPPOR	T, INC.			
	EAST ROBINSON STREET		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	TE 500 ANDO FL 32801		83		
ONL	MIDO FE 32001		84 City	85 Zıp Code	
			84 City	FL 85 Zip Code	
SIGNATURE	Signature, typed or per that carve of registere	Diggers and life it applicable (NC	OT Hegistered Agent a greature re	ration's board of directors. I hereby accept the appointment as registere	
12.	P\$D	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	LUTHER, S W		1,2 NAME		
STREET ADDRESS	973 WILLOW RUN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 3270)8	1.4 CITY-ST-ZIP		
TITLE		DELFTE	2 1 TITLE	Change Addi	
RAME			2.2 NAME	<u> </u>	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DERETE	2 4 CITY-ST-ZIP 31 TITLE	Change Addi	
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY- ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addı	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City - ST - ZIP 5.1 TIBLE	Change Addu	
NAME		branc	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	☐ Change ☐ Add	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CHY-ST-ZIP	C- C	
indicated officer or of Block 12 of	earmy mai the miormainen supplie on this annual report or supplien director of the corporation or the or Block 13 if changed, or on ap-	or war trus ming does not quality ontal angust report is true and a receiver or trustee andowered to altagriment with anyardress	courate and that my signa ocurate and that my signa o execute this report as n	in Section 119.07(3)(i), Florida Statutes. I further certify that the informati ature shall have the same legal effect as if made under oath; that I am ar equired by Chapter 607, Florida Statutes; and that my name appears in	