FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000004110 (3) DOCUMENT #

May 06 1998 8:00am Secretary of State

Think Adulted Place of Business Maining Address Sections 617 2552 and 617 1508, Florida Statution Fluid Address Sections 617 2552 and 617 1508, Florida Statution Fluid Address Sections 617 2552 and 617 1508, Florida Statution Sections 617 2552 and 617 2552 and 617 1508, Florida Statution Sections 617 2552 and			
ORIANDO FI. 2807 US POPULATIONS A. FEI Number 2. Principal Place of Business 2. Mailing Address 2. Sulfa, Apt. #, etc. 2. Principal Place of Business 2. Sulfa, Apt. #, etc. 2. City & State 2. City &	Principal Place of Business Mailing Address		4 TODAINON DEA TORRO KINIT DEKIK ARIKI ARINI EDIKI DOKIN ATARI 1190K 1190K 1196K DOKI 1196K
2. Principal Place of Business 2. 2. Melling Address 2. 2. Melling Address 2. 2. Melling Address 2. 2. Melling Address 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	ORLANDO FL 32807 ORLANDO FL 32807		09/13/1993 4. FEI Number Applied For
Sulfo, Apt. #, etc.	9 Disease Bloom of Business 19a Mailing Address		
Sulfe, Apt. #, etc.			1 5. Certificate di Status Desired 1
Trust Fund Contribution Added to Feee	Suite, Apt. #, etc. Suite, Apt. #, etc.	h _	
Zp Coding Zp Zp Coding Zp Zp County 8. This corporation owes or has paid the current year lightgrighted agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name and Address of New Registered Agent 11. Name 11. Name and Address of New Registered Agent 11. Name 1		ξ	110010100000000000000000000000000000000
20			
Personal Property Tax due June 30 Yes No			
## Name and Address of Current Registered Agent ## Name ## Name ## Name ## Name ## Name ## State Address (P.O. Box Number is Not Acceptable) ## City		Contra	
HINES, DEWAYNE 1318 32ND ST. WEST BRADENTON FL 34205 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and mamiliar with, and ecoopt the obligations of, Sections 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and mamiliar with, and ecoopt the obligations of, Section 617.0503, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statute of the purpose of changing its registered agent of the purpose of changing its registered agent and the minimating of the purpose of changing its registered agent and the minimating of the purpose of changing its registered agent approach to the purpose of changing its registered agent approach agent and the minimating of the purpose of changing its registered agent approach agent app			
1316 32ND ST. WEST BRADENTON FL 34205 B3 City FL B5 C		81 Name	
BRADENTON FL 34205 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signatur, lybed or private name of registered agent and this if applicable. (NOTE Registered Agent algorithe regulated when reintating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DHNES, J T T1RE, GOLDENROD RD., STE. 1-B T1SEET ADDRESS CITY-ST-2P ORLANDO FL 32807 DELETE 11. TITLE D D DELETE 21. TITLE D D DELETE 21. TITLE D D DELETE 31. TITLE D DELE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 12.		83	
11. Pursuant to the provisions of Sections 617:0502 and 617:1508, 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 and such an affiliar with an advanced the obligations of, Section 617:0503, Florida Statutes. SIGNATURE Signatura, hyped or printed name of registered agent and still it applicable.		84 City	85 Zip Code
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. I am familiar with, and accopt the obligations of, Section 617.0503, Florida Satutues. SIGNATURE 12	11 Durawant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the	above-named corp	
Signature, typed or printed name of registered agent and title if applicable. (MOTE Registered Agent signature registered when ministating)	office or registered agent, or both, in the State of Florida. Such change was authors agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida S	zed by the corporation that the second corporation is a second corporation to the second corporation t	on's board of directors. I hereby accept the appointment as registered
TITLE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist	ered Agent signature require	ed when reinstating) DATE
MAME		3.	
1718N. GOLDENROD RD., STE. 1-B			☐ Change ☐ Additio
CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			
MAME			☐ Change ☐ Additio
STREET ADDRESS 1718 N. GOLDENROD RD., STE. 1-8 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	····-		_ · · · ·
City-St-ZiP			
TITLE D DELETE 3.1 TITLE 3.2 MAME NAME HINES, TIM 3.2 NAME STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34205 3.4 CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS A.4 CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS A.5 STREET ADDRESS A.6 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS A.6 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS A.6 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE B.1 TITLE DELETE B.1 TITLE DELETE DELETE B.1 TITLE DELETE D			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS 1316 32ND ST. W. 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE D DELETE 3:	1 TITLE	Change Additio
STREET ADDRESS STRE	NAME HINES, TIM 31	2 NAME	
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME		3 STREET ADDRESS	
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Change Addition			
STREET ADDRESS			Change Li Additio
City-S1-zip 4.4 City-S1-zip Title DELETE 5.1 Title Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS City-S1-zip 5.4 City-S1-zip Title Change Addition TITLE DELETE 6.1 Title Change Addition	····		
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME <td> · · · · · · · · · · · · </td> <td></td> <td></td>	· · · · · · · · · · · ·		
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE Change Addition			Change Additio
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition			
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	````		
TITLE DELETE 6.1 TITLE Change Addition			
			Change Additio
	U.		
STREET ADDRESS 6.3 STREET ADDRESS	NAME 6:		

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 suppliemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if managed, or on an attachment with an address.