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 Apr 17 1998 8:00am Secretary of State

DOCUI	MENT # PO414	2 (6)					
	O CORPORATION						
Principal Place	e of Business	Mailing Address				Ter Brillia Mener Athri	i Armis iādi
220 WEST GA	RDEN	220 WEST GARDEN					
STE - 500		STE - 500	*		DO NOT WEITE IN THE	C CDACE	
PENSACOLA I US	PENSACOLA FL 32501 US	COLA FL 32501		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		•••			11/26/1984		
2. Principal P	2a. Mailing Address			4. FEI Number	Ar	oplied For	
21		26	s]		31-0966720		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	* • · · · · ·	Additional
22		27			C. Commode of States Cosmod	Fee Re	aquired
City & State	<u> </u>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 3 9, Name and Address of Current Registered Agent						
<u> </u>		ent Hegistered Agent	81	Name	10. Name and Address of New Registere	a Agent	
_	CORPORATION SYSTEM			Name			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			62	Street Addre	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F		Code
11. Pursuant to office or respect La	to the provisions of Sections 607.09 agistered agent, or both, in the Sta or femiliar with, and accept the obli	502 and 607.1508, Florida Statute ite of Florida. Such change was at ingtions of Section 607.0505. Flor	s, the above uthorized by rida Statutes	e-named corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing it ppointment as	s registered registered
SIGNATURE							
	Signature typed or printed name of registered a			nt signature require	ADDITIONS/CHANGES TO OFFICERS A		20 101 10
12.	OFFICERS AND DIRECTORS DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	SPILLAR, JOHN B.		1.2 NAME			onenge	
STREET ADDRESS 220 W GARDEN ST., SUITE 500		500	1.3 SIREET ADDRESS				Ì
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP				
TIFLE			2 1 TITLE			☐ Change	Addition
NAME			22 NAME				1
STREET ADDRESS	220 W GARDEN #500	·	2.3 STREET	ADDRESS			ļ
CHY-ST-ZIP	PENSACOLA FL		2 4 CITY-ST-ZIP				
THTLE			3.1 TITLE			☐ Change	Addition
NAME	•		3.2 NAME)			}
STREET ADDRESS			3.3 STREET				İ
CITY-ST-ZIP	DELETE		3.4. CITY - S	T-ZIP		Change	☐ Addition
TITLE			4.1 TITLE]		□ change	ויין איטוווטאי וייין
NAME CTOTET ADDOCCE			4.2 NAME	ADDOLOS			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY - S				\
TITLE		DELETE	5.1 TITLE	1-2#		Change	Addition
NAME			5.2 NAME	}		-	_
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$				
TITLE			6.1 Tetle			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			İ
CITY-ST-ZIP			6.4 CITY-S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14. I hereby o	ertify that the information supplied	with this filing does not qualify for	the exempl	ion stated in l	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

indicated on this annual report of 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 charged, or on in attachment with an address?