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PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name



P05483

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(3)

FILED Apr 16 1998 8:00am Secretary of State

Principal Place	LAKE DRIVE	Mailing Address P O BOX 2894 MELBOURNE FL 32902		DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified	
6 Delegate at 10	one of Pusings	Lon Mallace Alle		03/29/1985	
	ace of Business	2a. Mailing Address	BERLAKE D	4. FEI Number	Applied For
Suite, Apt	#. elc	26 // 10 / / / / Suite, Apt #, etc.	very v	42-0808686	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 NEST MEL	BOURNE FL	Trust Fund Contribution	Added to Fees
Z ip	Country	22001	Country	8. This corporation owes or has paid the	
24	25		30 USH	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
WISNER, THOMAS C.			81 Name		
-	58 TIMBERLAKE DRIVE MELBOURNE FL 32904		83	ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
office of the	raintered agent or both in the Clat-	of Florida, Such about 3 Statute	s, the above-named cor	poration submits this statement for the purpos	e of changing its registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stato in familiar with, and accept the obliga- Stynature, bysed or protect rains of registered age	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by the cornors	ation's board of directors. I hereby accept the	appointment as registered
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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 informatio indicated on this annual report or suppliermental 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 of the pecivier of trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapters of the corporation of the pecivier of trust of trust of the pecivier of trust o

SIGNATURE:

SECRETARY

4.11.98 407-724-0976

CR2E034 (10/97