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

DOCUMENT #

(5)

FILED May 12 1998 8:00am Secretary of State

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Not Applied For 13-1232250 2. Not Applied For Not Applicable 3. Certificate of Status Desired 5. Certificate of Status Desired Fee Required 3. City & State 3. Election Campaign Financing Trust Fund Contribution Added to Fees 3. Trust Fund Contribution Added to Fees 3. This corporation owes or has paid the current year Intangible	Principal Place	ce of Business I ST. LLE FL 32200	Mailing Address 20 THORNDAL CIRCLE 1ST FLOOR DARIEN CT 06820		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 02/27/1989		
Solite, Apt #, etc. Solite, A	2. Principal F	Place of Business	2a. Mailing Address			Applied For	
Suite, Apt 4, etc. 27 27 27 27 28 29 29 29 20 29 29 29 29		and of Boomings	<u>├</u> ŋ		1		
Cry & State 27 Country 28 Country 29 Country 29 30 Country 27 Country 28 30 Country 29 30 Country 29 30 Country 29 30 Country 29 30 Country 3,5,00 May Bo Added to Fees 30 Added to Fe	Suite, Apt. #, etc. Suite, Apt. #, et			*			
City & State 2	22	27			5. Certificate of Status Desired		
Zep Country 279 Country 88 Name and Address of Current Registered Agent 100 Name and Address of Current Registered Agent 100 Name and Address of New Registered Registered Registered Name Name Name Name Name Name Name Name				6. Election Campaign Financing	\$5.00 May Be		
28 28 29 30 Personal Property Tax due Julino 30 Ne No			28		Trust Fund Contribution	Added to Fees	
S. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL es Zip Code 11. Pursuant to the provinging of Sections 607 500 part 607 1005 South of Livids South Pine South Pine South Of Livids South Pine South Of Livids South Pine South Of Livids South Pine South Pine South Of Livids South Pine South Pine South Of Livids South Pine Sout		Country	Zip	Country			
CT CORPORATION SYSTEM 1200 SOUTH PRIE ISLAND ROAD PLANTATION FL 33324 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85	24			30		 	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the Shate of Lindfa Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the Shate of Lindfa Statutes, the above named corporation submits this statement for the purpose of changing its registered agent in thinhar with an decorpt the orthogeness of schools of Oxfood, Florida Statutes. SIGNATURE Signature hypers or period same of registered agent and till. Registered agent agent and till. Registered agent and till. Registered agent	ļ		nt Registered Agent	nal	10. Name and Address of New Register	ed Agent	
SIGNATURE 12. OF ICERS AND LIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE MAIN, TIMOTHY 459 E 16TH STREET JACKSONVALLE FL ITILE STREET ADDRESS CITY-ST-2P JACKSONVALLE FL JACKSO	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street A 83 84 City		·L	
TITLE	SIGNATURE Signature typed or printed name of registered agent and title. If apply above (NOTE Registered Agent signature required when reinstating) DATE						
MANN, TIMOTHY STRET ADDRESS 45 E 16TH STREET JACKSONVILLE FL P DELETE 13 STRET ADDRESS 14 city-57-2P 14 city-57-2P DELETE 22 NAME STREET ADDRESS 14 city-57-2P DELETE 22 NAME STREET ADDRESS 14 city-57-2P DELETE 23 STREET ADDRESS CITY-57-2P JACKSONVILLE FL S DELETE 31 TITLE S JACKSONVILLE FL 32 SAME 32 NAME STREET ADDRESS CITY-57-2P DARIEN CT 34 city-57-2P JACKSONVILLE FL 33 STREET ADDRESS DARIEN CT 34 city-57-2P DELETE 41 TITLE MAME STREET ADDRESS CITY-57-2P STAMFORD CT DELETE 51 TITLE DELETE 51 STREET ADDRESS CITY-57-2P STAMFORD CT DELETE 51 STREET ADDRESS CITY-57-2P STAMFORD CT DELETE 51 STREET ADDRESS 53 STREET ADDRESS 54 CITY-57-2P TITLE DELETE 51 STREET ADDRESS 53 STREET ADDRESS 54 CITY-57-2P TITLE DELETE 51 STREET 52 STAMFORD CT Change Addition Addition Addition Addition STREET ADDRESS 53 STREET ADDRESS 54 CITY-57-2P TITLE DELETE 51 STREET 53 STREET ADDRESS 54 CITY-57-2P TITLE DELETE 51 STREET 53 STREET ADDRESS 54 CITY-57-2P Change Addition Addition Addition Addition STREET ADDRESS 54 CITY-57-2P TITLE DELETE 55 STAMF 56 STREET ADDRESS 56 STAMF 57 STREET ADDRESS 57 STAMF 58 STAMF 58 STREET ADDRESS 58 STAMF 58 STAMF 58 STAMF 58 STAMF	· · · · · · · · · · · · · · · · · · ·				ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS 459 E 18TH STREET 13 STREET ADDRESS 14 CITY-ST-ZIP			☐ DELETE			Change L Addition	
DELETE 14 CITY-ST-ZIP DELETE 14 CITY-ST-ZIP DELETE DEL	1			1.2 NAME			
TITLE	I - · · ·					·	
NAME EDWARDS, RICHARD T. 22 NAME		JACKSONVILLE FL	DELETE			Change Addition	
15 15 15 15 15 15 15 15	ſ	EUMYDUG DICHYDU I				Clearings T vanimon	
DELETE 2 4 CITY-ST-ZIP TITLE S							
TITLE NAME ZIEGLER, KARL STREET ADDRESS CITY-S1-ZIP TITLE VPT DELETE Addition DELETE 3.3 STREET ADDRESS CITY-S1-ZIP TITLE VPT DELETE 4.1 TITLE Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition DELETE 5.1 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS G.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6.3 STREET ADDRESS							
MAME ZIEGLER, KARL 32 NAME 33 STREET ADDRESS CITY-S1-ZIP DELETE 41 TITLE Change Addition A		S	DELETE			Chance Addition	
STREET ADDRESS CITY-S1-ZIP DARKEN CT 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP TITLE VPT BRITTON, ROBERT A. 4.2 NAME STREET ADDRESS CITY-S1-ZIP TITLE STAMFORD CT 1.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE S1 TITLE S2 NAME S5 STREET ADDRESS CITY-S1-ZIP TITLE S3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE S1 TITLE S3 STREET ADDRESS CITY-S1-ZIP TITLE S6 TIT	i	ZIFGI ER. KARI					
CITY-S1-ZIP	1						
TITLE VPT DELETE 4.1 TITLE							
NAME BRITTON, ROBERT A. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE MAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS			DELETE			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP STAMFORD CT 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 NAME 5.6 NAME 6.7 NAME 6.8 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	l	1	•	B			
TITLE	STREET ADDRESS			4.3 STREET ADDRESS			
TITLE DELETE 5.1 TiTLE Change Addition NAME 52 NAME <th>CITY-ST-ZIP</th> <th>STAMFORD CT</th> <th></th> <th>4.4 CITY - ST - ZIP</th> <th></th> <th></th>	CITY-ST-ZIP	STAMFORD CT		4.4 CITY - ST - ZIP			
STREET ADDRESS			DELETE			☐ Change ☐ Addition	
CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME	ļ		5.2 NAME			
CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS						
TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	1	<u> </u>		- B		}	
STREET ADDRESS 6 3 STREE1 ADDRESS			DELETE			Change Addition	
	NAME			6.2 NAME			
	STREET ADDRESS)		6 3 STREET ADDRESS			
	!						

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 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 recoiver or frustee 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