FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Morthum

Secretary of State
DIVISION OF CORPORATIONS

	1998	DIVISION	OF CORPOR	AIR	ONS			
	MENT # P9200 AR FINANCE CO.	00002249 (0)					
Principal Place of Business Mailing Address							HEAR HADI	enera (en 1981)
1408 EAST VINE STREET 1410 E VINE ST KISSIMMEE FL 34744 KISSIMMEE FL 34744 US								
						DO NOT WRITE IN THIS SPACE		
		03				3. Date Incorporated or Qualified		
						10/30/1992		
· ′	lace of Business	2a. Mailing Address				4. FEI Number	1 —−→	Applied For
Suite, Apt.	#, etc.	Suite, Apl. #, elc				59-3153270		Not Applicable 5 Additional
22		27				5. Certificate of Status Desired		Required
City & State	0	City & State				6. Election Campaign Financing		O May Be
23		28	T 6=	IDE:		Trust Fund Contribution		ed to Fees
Zip 24	Country 25	Ζηρ 29	30	intry	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Yes	Intangible No
<u> </u>	g, Name and Address of Cur		[30]	r		10. Name and Address of New Registered Ag		140
MC	CARROLL, RONALD S			81	Name			
1408 EAST VINE STREET KISSIMMEE FL 34744					2 Street Address (P.O. Box Number is Not Acceptable)			
								·
				83	l			
				84	City	FL	85 Z	ip Code
agent La SIGNATURE	m familiar with, and accopt the of					rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint		-
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	D	DELETE			Ì	L	Chang	e 🔲 Addition
NAME	MCCARROLL, RONALD S	DOAD	1.2 N					
STREET ADDRESS	5155 HAYWOOD RUFFIN I ST CLOUD FL 34771	HUAD			ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE			ST-ZIP	L	Chang	e Addition
NAME	MCCARROLL, TREVA D		2.2 N			·	•	_
STREET ADDRESS	5155 HAYWOOD RUFFIN I	ROAD	23S	TREET	I ADDRESS			
CITY-ST-ZIP	ST CLOUD FL 34771			ITY- S	ST-ZIP			
TITLE		DELETE	11 -			L	Chang	e 🔲 Addition
NAME			32 N		100015			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE			ST-ZIP	·	Chang	e Addition
NAME			4.21		1	_	•	
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP				IY-S	ST-ZIP			
TITLE		☐ DELETE	1				Chang	e Addition
NAME			5.2 N					
STREET ADDRESS			1		ADDRESS			
CITY-S1-ZIP TITLE		DELETE			ST-ZIP		Chang	e Addition
NAME			6.2 N		[_	_ onary	· III round
CIDEET ANNOESS					ADDRESS			

14. Thereby certify that the information supplied with this filling 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 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 pathogod of on an altractiment with an address

SIGNATURE: SAME LOW KON LOS W. G. L. 23-98 401-932-1890