## 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 #** P92000005309 (9)

**FILED** May 19 1998 8:00am Secretary of State

	SECOND CHANCE INC.		,			
Principal Plac	e of Business	Mailing Address		c santiant tim fatte tibit batti antii Affit h	Aitt A610: A1162 36115 34	348 1831 1881
8219 FRONT BEACH ROAD 8219 FRONT BEACH RO PANAMA CITY FL 32407 PANAMA CITY FL 3240 US			DO NOT WRITE IN	THIS SPACE		
		•		3. Date Incorporated or Qualified		
				11/17/1992		İ
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 821	9 Int Beh Rel	26		59-3153678 · CORPL		t Applicable
Sulte, Apt.	#, etc.'	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
Gity State	le f 1	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Jan	ame any Web !	28		Trust Fund Contribution	Added 1	
Zip	Country coin	<b>+γ</b>	Country	B. This corporation owes or has paid the		
24 3240		[29]	30	Personal Property Tax due June 30.		No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent	
	iles, otis s sr		Name	O.S Miles &		
	19 FORT BEACH RD	_	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	10	
PA	A <mark>nam</mark> a city beach fl 32407	1	63	8219 TATREA	<u>ry</u>	
			63	,	`	- 1
			84 City	0 - 1 1	FL 85 Zip (	Code
						2 . (
44 0	As The area delines of Captions CO7.	0500 and 007 1500 Florida Cu	Var	name wy Och		4417
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607.1508, Florida Sta ale of Horida. Such change w oligations of, Section 607.0505	atules, the above-named co as authorized by the corpor , Florida Statutes.	progration submits this statement for the purp- ration's board of directors. I heroby accept the		s registered registered
SIGNATURE					ose of changing it e appointment as	s registered registered
SIGNATURE	Signature, typod or prioted name of registered	agent and title if applicable (	NOTE: Registered Agent signature req	quired when reinstating) D	ose of changing it e appointment as	
SIGNATURE	Signature, typed or priorited name of registered OFFICERS A	agent and title if applicable (	NOTE Registered Agent signature req		ose of changing it e appointment as NATE S AND DIRECTOR	S IN 12
SIGNATURE 12. TITLE	Signature, typed or product name of argument OFFICERS A	agent and title if applicable (	NOTE Registered Agent signature req	quired when reinstating) D	ose of changing it e appointment as	S IN 12
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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 supplicmental 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 changed, or on an attachment with an address.

SIGNATURE: O.S MILLES