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

FILED Jun 15 1998 8:00am Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandřa B. Mořtham Socretary of State DIVISION OF CORPORATIONS
OCUMENT #	4200C	008631

1. Corporation Name				
Principal Place of Business 3007 E 1146 St				
J.M. MARCON	UENIER	SCE 2 10		
Principal Place of Business 3007 E 1145 St	Mailing Address	1820		
Parama City FI Ba408	Same	(100	•	
Faroma Cos Fr Sarro			DO NOT WRITE IN	N THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
 	26		59-3150780	Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
⊢ '	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation owes or has paid	
		30	Personal Property Tax due June 30	D. Yes No
Name and Address of Current Re	-		10. Name and Address of New Regis	stered Agent
moseley, Frederick DJ	76 ,			
1 2001 6 11 11 3/1921		82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
Parama City FI 3240	5°	83		
,		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508. Florida Statutes	s, the above-named corp	poration submits this statement for the pur	_
office or registered agent, or both, in the State of F agent I am familiar with, and accept the obligation	torida. Such change was au	thorized by the corporal:	ion's board of directors. I hereby accept (the appointment as registered
SIGNATURE	,			7
Signature typed or proded name of registered by of an	the second of th	Registered Agent signature requir		DATE
12. OFFICERS AND D	DELLIE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME moseley, Frederick STREET ADDRESS 4014 Wilano Rd	5T.0	12 NAME		
STREET ADDRESS WOLL WILLARD Rd	4.	13 STREET ADDRESS		
CITY-51-21P Parama City [1	32405	14 CHY-ST-ZIP		
TITLE	DELETE	2.1 THLE		Change Addition
NAME		3.5 NVML		
STREET ADDRESS		2.3 STHEET ADDRESS		
CITY-ST-ZIP	DELETE	2 4 DITY-ST - 7IP 3.1 TITLE		Change Addition
NAME	. -	3.2 NAME		
STREET ADDRESS		. 3 3 STREET ADDRESS		
City-St-ZiP		3 4. CHY+ ST - 7IP		//
TITLE	L] DETETE	4.1 TITLE		L. Clinge L. Addition
NAME		4. 2 NAME		4/2/10
STREET ADDRESS		4.3 STREET ADDRESS		/
CITY-ST-ZII'	DELFIE	4.4 City-St - ZiP 5.1 Title		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	-06/16/9801024	· Q14
CITY-ST-ZIP	<u>-</u>	5.4 CITY+ ST+2(P	***B.75	
TITLE	☐ DELETE	6.1 TITLE	10000825860	Change Addition
NAME		6.2 NAME	-06/16/9901024	
STREET ADDRESS		6.3 STREET ADDRESS	***159,00	O X O
City-St-Zir 14 hereby certify that the information supplied with the	his filma does not analify for	64 City-St ZiP		ther certify that the information

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the occiperation 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, endirectory in with an address.