5-14 98 B 7343 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

P O BOX 320808

2a. Mailing Address

City & State

Ζıp

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29

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business **803 NORTH ORLANDO AVENUE**

COCOA BEACH FL 32931

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

803 N. ORLANDO AVE STE 105



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002701 (9)

Country

9. Name and Address of Current Registered Agent

25

SHOEMAKER, JOHN B **503 NORTH ORLANDO AVENUE**

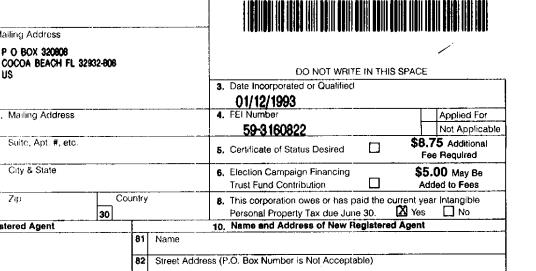
COCOA BEACH FL 32931

SUITE 105

BAY RIDGE DEVELOPMENT OF ORANGE COUNTY, INC.

FILED May 14 1998 8:00am Secretary of State

Zip Code



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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE		ALOTE	Registered Agent signature req	nued when reinstation) DATE	
12,	Stonature, typed or printed name of registered agent and to e if applicable (Ni OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	DELETE	1.1 TITLE	Change Addition	
NAME	KODSI, ALBERT		1.2 NAME	_ , _	
STREET ADDRESS	503 N. ORLANDO AVE STE 105		1.3 STREET ADDRESS		
	COCOA BCH FL		1.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	VPS	DELETE	2.1 TITLE	Change Addition	
	SHOEMAKER, JOHN		2.2 NAME		
NAME	503 N. ORLANDO AVE STE 105				
STREET ADDRESS	COCOA BCH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCON BOTH FL.	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
TITLE	NODEL IOSEDIA	T) DECEIL		C Outrigo C Vaniant	
NAME	KODSI, JOSEPH		3.2 NAME		
STREET ADDRESS	503 N. ORLANDO AVE STE 105		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL		3.4. CITY - ST - ZIP	Change Addition	
TITLE		DELETE	4.1 1 TLE	Change Addition	
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CiTY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	Change Addition	
NAME	*		6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 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 of the corporation and the same defress. attachment with an address.

(407) 784-3266