## 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 # P93000004568 (0)

TUKDAF	RIAN & UNCAPHER, P.A.					
Principal Place	o of Rusiness	Mailing Address				I DIODI DIIIH DIIHI IDII IDH
· · · · · · · · · · · · · · · · · · ·						
\$37 N MAGNOLIA AVE PO BOX 949 ORLANDO FL 32802						
ORLANDO FL 32801 US					DO NOT WRITE IN THIS	SPACE
US					3. Date Incorporated or Qualified	
<u> </u>	- CD - in the	2a. Mailing Address			01/07/1993 4. FEI Number	Applied For
	ace of Business	h			· · ·	Not Applicable
21   26   Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		59-3161268	\$8.75 Additional
<del></del>			27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
TUK	DARIAN, THOMAS H		81	Name		
537 N MAGNOLIA AVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32801		L			
			83	]		
			84	City		85 Zip Code
				'	FL	_
11. Pursuant to	to the provisions of Sections 607.050: ogistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was at the statute of 1. Spatian 607.0505. Florida statute	s, the abov uthorized by	e-named co y the corpor	orporation submits this statement for the purpose or alion's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
	m lamaiar with, and accept the obliga	thons or, section bor. Jobs, Flor	ilda Diaidio	<b>3</b> .		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable (NOTE	: Registered Ag	ent signature rec	quired when reinstating) DATE	·· <del>-</del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D DELETE		1.1 TITLE			Change Addition
NAME	TUKDARIAN, THOMAS H		1,2 NAME			
STREET ADDRESS	537 N MAGNOLIA AVE		1.3 STREE	ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - S	ST-ZIP		
TITLE	DELETE 2.1		2.1 TITLE	1		Change Addition
NAME	UNCAPHER, KENNETH R		2.2 NAME	-		
STREET ADDRESS	537 N MAGNOLIA AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY -	ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		D Observe D Addition
TITLE		DELETE	4,1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		1 Driege	4.4 CITY-5	ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE			C Change C Moniton
NAME			5.2 NAME			
STREET ADDRESS			•	I ADORESS		
CITY-ST-ZIP		Dritte	5.4 CITY-1	ST-ZIP		Change Addition
TITLE		☐ DELET <b>E</b>	6.1 TiTLE			La Villango La Robitton
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. 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 impowered to supplemental annual report is impowered to securate 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 trusten empowered to secure 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.

**FILED** 

Feb 02 1998 8:00am

Secretary of State