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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1998	Secretar	ry of State CORPORATIONS	Secretary	of State
1. Corporation	MENT # <b>P93(</b> IN, INC.	000005036 (7)		E PORTUI <b>nt</b> o hid earde high baine aben d <b>e</b> hn eard de	#AN \$1114 \$1116 11111 ANN 1861
Principal Place of Business  6900 S ORANGE BLOSSOM STE 432 ORLANDO FL 32609 US		Mailing Address 6900 \$ ORANGE BLOSSOM STE 432 ORLANDO FL 32809 US		DO NOT WRITE IN THIS SPACE.  3. Date Incorporated or Qualified	
2. Principal F 21 Suite, Apt	Place of Business	28. Mailing Address 26 Suite, Apt. #, etc.		01/22/1993 4. FEI Number 59-3165354	Applied For Not Applicable
City & Stat		City & State		Certificate of Status Desired      Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
Zip 24	Country 25		Country 30	8. This corporation owes or has paid the cu Personal Properly Tax due June 30.  10. Name and Address of New Registered	Ø Yes □ No
690 ST	enwick international, 00 & Orange Blossom 1 E 432 Ilando fl 32809		<ul><li>81 Name</li><li>82 Street A</li><li>83</li><li>84 City</li></ul>	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code
11, Pursuant office or i agent. La	am familiar with, and accept the	e obligations of, Section 607.0505, Flo	orida Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	at changing its registered pointment as registered
12.	Signature: Typical or priviled name of regist	lered agent and title if applicable (NOTE RS AND DIRECTORS	- Rog stered Agent signature n	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORE IN 49
TITLE NAME STREET ADDRESS	PS PORTHAULT, VINCENT JOUANICON 32700	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ACCINICIDATE NAME OF THE PARTY	Change Addition
CITY-ST-ZIP	LECTOURE FR	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 1 TITLE 3 2 NAME 3.3 STREFT ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY - S1 - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY OF TIP		Change Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DECETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-7IP	L	1 1 51 11 12 1	6.4 CITY - ST - ZIP	0 5 10 07 07 07 07 07 07 07 07 07 07 07 07 07	

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 empayered 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 addition.

3-27-98

**FILED** 

Apr 03 1998 8:00am