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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300006744 (5)

FILED Apr 21 1998 8:00am Secretary of State

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CARLO	TTA J. CAULEY, C.P.A.,	P.A.			
Principal Place	e of Business	Mailing Address			I MAIRM AIRIN ISANI MENTE VINT 1887
2808 SE DUNE DRIVE 2808 SE DUNE		2808 SE DUNE DRIVE		İ	
#1205		1205			
STUART FL 34996 US		STUART FL 34996 US		DO NOT WRITE IN TI	HIS SPACE
00		00		3. Date Incorporated or Qualified 01/27/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	
21		26		65-0382367	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	Q	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	
24	25	[29]	30	Personal Property Tax due June 30.	Yes 🖸 No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Register	red Agent
	ULEY, CARLOTTA J		81 Name		
	8 SE DUNE DRIVE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
120			<u> </u>	,	
ราเ	JART FL 34996		[83]		
			84 City	_	- 85 Zip Code
					-L
SIGNATURE	Signature Typestor profiled name of registere		Toricla Statutos.	poration submits this statement for the purposition's troard of directors. I hereby accept the purposition's troard of directors. I hereby accept the purposition's troard reinstating. ADDITIONS/CHANGES TO OFFICERS.	(
TITLE	D	DELETE	1.1 TillE	TABLITICITO/OTI/TIGEO TO OTI TOETIO	Change Addition
NAME	CAULEY, CARLOTTA J		1.2 NAME		
STREET ADDRESS	2808 SE DUNE DRIVE, #1	205	1.3 STREET ADDRESS		
CHTY-ST-ZIP	STUART FL		1.4 CITY-\$1-ZIP		
TITLE		DITE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-\$1-ZIP			2 4 CITY-ST-7IP		
TITLE		DETE	31 117(F		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEFT ADDRESS		1
CITY - ST - ZIP			4.4 CITY-ST-7IP		
TITLE		DELET	5.1 1ITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELTTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CłTY - ST - ZIP			64 CHY-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 eath; that I am an officer or director of the copyogration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CICMATUDE.