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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Secretary of State DIVISION OF CORPORATIONS

 -	Corporatio	MEN I In Name S SECUR		006843 (5)							
Principal Place of Business Mailing Address								1 1601/001 and 10160 still 00ill 00ill 00ill 00ill 00ill	A MARKET AMERIC	B1888 (11) 1861	
775 SW MACEDO P.O. BOX 8148											
PORT ST. LUCIE FL 34983 PORT ST LUCIE FL 34985					35				_		
US				US			DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 01/22/1993			
	Principal P	cipal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21				26	A			65-0386303		Not Applicable	
	Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional Required	
22	City & State	City & State City & State									
23	City & State	28				6. Election Campaign Financing Trust Fund Contribution				May Be	
23	Zip				Coun	trv		Trust Fund Contribution LJ Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	_,_		25	29	30	,			Yes	Mo i	
		9. Name	and Address of Current		1001			10. Name and Address of New Registered A			
VOORHEES, KEVIN						Name					
2911 SW LUCERNE						Ctro-st	A	ess (P.O. Box Number is Not Acceptable)			
PORT ST LUCIE FL 34953						Street	Addre	ess (P.O. Box Number is Not Acceptable)			
						13		AND THE PARTY OF T			
					Ļ				Ta=1 =		
					•	4 City		FL	85 Zi	p Code	
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 recoffice or registered agent, or both, in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profestionable of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating). DATE) its registered as registered	
12	Signature, typed or prefet name of registered agent and title if applicable (NO1E. OFFICERS AND DIRECTORS				13.	Ageni signatur	e require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	285 IN 12	
TIT		PTD	0771007107110	DELETE	1.1 TITE	E	Τ	NODITIONAL TO CITTOEND AND	Change		
NAI		LAVAR FOO JANAFO			1.2 NAME						
	STREET ADDRESS 162 S.E. WALTERS TERRACE				1.3 STREET ADDRESS		Ì			Ì	
	Y-SI-ZIP		T. LUCIE FL 34984			-ST-ZIP					
TIT		VSD		DELETE	2.1 TITL		1		Change	e Addition	
NA.			ees, kevin		2.2 NAM				_ •		
	REET ADDRESS		W. LUCERNE			ET ADDRESS				J	
ı	Y-ST-ZIP		T. LUCIE FL 34953		1	Y - ST - ZIP	1			Ì	
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CIT	Y-ST-ZIP	L	_		4.4 CITY	-ST-ZIP	1				
TIT	LE			☐ DELETE	5.1 TITL	E			☐ Change	e Addition	
NA	ME				5.2 NAM	E					
STR	EET ADORESS				5.3 STRE	ET ADDRESS					
ÇIT	Y-ST-ZIP				5.4 CITY	-ST-ZIP	L	. <u> </u>			
TIT	LE			DELETE	6.1 TITLI				Change	Addition	
						_	1				

14. I hereby certify that the information supplied with this filling 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 armust report is frue 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 or opporation 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 on an attachment with an address.

STREET ADDRESS

FILED

May 11 1998 8:00am

Secretary of State