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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000022774 (2)

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CH CD

Principal Place of Business Mailing Address									
2553 N. ATLANTIC AVENUE SUITE 263 DAYTONA BEACH FL 32118-3203 US		SUITE 263	DAYTONA BEACH FL 32118-3203			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/24/1993			
2.	Principal Place of Business	2a. Mailing A	Address			4. FEI Number		Applied For	
21		26				<u>59-3171821</u>		Not Applicable	
22	Suite, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip Country	Zip 29	30	untry	1	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent ye Yes	ar Intangible	
	g. Name and Address of Curre	ent Registered Age	ent	Т		10. Name and Address of New Registered	Agent		
	LOUCKS, WILLIAM E 444 SEABREEZE BLVD SUITE 900			81 82	Name Street Add	ress (P.O. Box Number is Not Acceptable)			
DAYTONA BEACH FL 32118			83						
				84	City	FL	85	Zip Code	
11	Pursuant to the provisions of Sections 607.05	x02 and 607.1508, F	Iorida Statutes, the	above	e-named cor	poration submits this statement for the purpose o	chang	ing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicat	ble. (NOTE: R		required when rainstating) DATE	D D DEOTOD	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	CANTER, BARBARA		1.2 NAME			
STREET ADDRESS	2553 N. ATLANTIC AVNEUE, SUITE 263		1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2 1 TITLE		Change	Addition ]
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	·		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition {
NAME			3.2 NAME			ĺ
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 STREET ADDRESS			
CITY-ST-ZIP			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	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 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 on an attachment with an address.