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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address	
201 E PINE ST SUITE 710 ORLANDO FL 32801	201 E PINE ST SUITE 710 ORLANDO FL 32901	
Principal Place of Business     Section 21	2a. Mailing Address	
Suite Ant # etc	Suite Ant # etc	

**FILED** Jan 21 1998 8:00am Secretary of State

		Mailing Address  201 E PINE ST SUITE 710 ORLANDO FL 32801		DÓ NOT WRITE IN THE			
				3. Date Incorporated or Qualified			
2 Principal 6	Place of Business	On Malline Address		04/15/1993	<u> </u>		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For		
Suite Ant	11			59-3182215	Not Applicable \$8.75 Additional		
22	¬			5. Certificate of Status Desired	Fee Required		
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	Added to Fees		
24	25	29	30	Personal Property Tax due June 30.	urrent year intangible  Tyes  No		
23)	g. Name and Address of Curr		30	10. Name and Address of New Registered	<u> </u>		
pir	CKERT, STEPHEN W		81 Name		· ·		
1	1 E PINE ST						
	TE 710		82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
1	LANDO FL 32801		83				
Į On	ILANDO I E SEGOI						
			84 City	FI	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							
	Signature, typed or printed name of registered		Registered Agent signature require		ID DIDECTORS IN 46		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition		
TITLE	! -	L DELETE			Ti outlings Ti voquitori		
NAME	HORNER, L D 201 E PINE ST SUITE 710		1.2 NAME				
STREET ADORESS	ORLANDO FL 32801		1.3 STREET ADDRESS				
CITY-ST-ZIP	D D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition		
NAME	O'CONNOR, E A JR		2.2 NAME				
l .	201 E PINE ST SUITE 710		2.3 STREET ADDRESS				
STREET ADDRESS	ORLANDO FL 32801		4				
CITY-ST-ZIP TITLE	D	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition		
NAME	ULLIAN, L. J		3.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		O'F MALINIF				
SINEEL HUUMESS	I SUITE PINE SUSUE OU		2.2 STREET ADDRESS				
OUTU ET TIE	201 E PINE ST SUITE 710		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32801	T DEFET	3.4. CITY-ST-ZIP		Change Addition		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition		
TITLE NAME		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition  Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE				
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS				
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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 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.