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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000034825 (8)

## **FILED** Apr 23 1998 8:00am Secretary of State

Principal Place of Business  395 W DEARBORN ST ENGLEWOOD FL 34223  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/10/1993  2. Principal Place of Business 21 SAME AS ADOVE 26 SAME  Suite, Apt. #, etc.  27 Suite, Apt. #, etc.  28. Mailing Address 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  Country Added to Fees  Zip Country  Zip Country  Since Apt. #, etc.  28. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Xes Into Name and Address of New Registered Agent  Name and Address of New Registered Agent  Name  81 Name
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/10/1993  2. Principal Place of Business 21 SAME AS ADOUG 26 SAME  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Count
2. Principal Place of Business 3. Principal Place of Business 4. FEI Number 6. Foodoffor Not Applied For Not Applied
2. Principal Place of Business 2. A Me As Above 2. Source, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Zip 2. Country 2. A Dove 2. Source, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Source, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Source, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired 3. Flection Campaign Financing 3. Trust Fund Contribution 3. Added to Fees 3. This corporation owes or has paid the current year Intangible 3. Personal Property Tax due June 30. 3. Yes No 3. No 3. ARASSTA 3. No 3. Name and Address of New Registered Agent 3. No 3. Name and Address of New Registered Agent
21 SAME AS ADOUE 26 SAME 65-0406667 Not Applicab Suite, Apt. #, etc.  22 Suite, Apt. #, etc.  23 City & State  City & State  City & State  Country  Zip  Cou
Suite, Apt. #, etc.  22  Suite, Apt. #, etc.  27  City & State  City & State  City & State  Country  Zip  Country  Added to Fees  Zip  Country  Since Apt. #, etc.  City & State  City &
27   5. Certificate of Status Desired   Fee Required
City & State  28  Country  Country  29  Country  20  Country  2
Trust Fund Contribution Added to Fees  Zip Country 7ip Country  25 SARASOTA 29 30 SARASOTA Personal Property Tax due June 30. X Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Zip Country Zip Country  24 25 SARASOTA 29 30 SARASOTA Personal Property Tax due June 30 Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
PAL LI
MITCHELL GEDALD W. 81 Name
MITCHELL, GERALD W
395 W DEARBORN ST 82 Street Address (P.O. Box Number is Not Acceptable)
ENGLEWOOD FL 34223
83
84 City FL 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 of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.
agent Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE GERALD W. MITCHELL VICE PRES./MANAGER 445798 Software typed or provided name of myellored agreet and title if applicable (NOTE Registered Agent signature required when reinstating)  [DATE]
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD DELETE 1.1 TITLE Change Addition
NAME MITCHELL, SANDRA L 1.2 NAME
STREET ADDRESS 552 NIGHTINGALE RD 1.3 STREET ADDRESS
CITY-ST-ZIP VENICE FL 34293 1.4 CITY-ST-ZIP
TITLE VD DELETE 2.1 FILE Change Addition
NAME MITCHELL, GERALD W 22 NAME
STREET ADDRESS 552 NIGHTINGALE RD 2.3 STREET ADDRESS
CHYY-ST-ZIP VENICE FL 34293 2 4 CHYY-ST-ZIP
TITLE DELETE 31 TITLE Change Addition
NAME 32 NAME
STREET ADDRESS 33 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
CHY-SI-ZIP 44 CITY-SI-ZIP
THILE DELETE STITUE Change Addition
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
C1Y-S1-ZIP
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 74. 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 in structure and that my signature shall have the same legal effect as if made under outh; 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.