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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Jan 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000049347 (6)

ANNOEL, INC.

CITY-ST-ZIP

Principal Plac	e of Business	Mailing A	ddress							
1352 MAYFAR		•	1352 MAYFAIR ROAD							
			ONVILLE FL 32207				DO NOT INDITE	BLTIME ED	۸۵۲	
							DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPA	406	
							07/12/1993			
2. Principal P	lace of Business	2a. Mailing	g Address				4, FEI Number		Ap	plied For
21		26					59-3193138			t Applicable
Suite, Apt.	#, etc.	<b>⊢</b>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
22 City & State	Α	27 City &	City & State				- Florier Compaign Financing			·
23	•		28				<ul> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ul>		\$5.00 Added t	
Zip	Country	Zıp					This corporation owes or has paid	d the currer		
24	26	29					Personal Property Tax due June 30. Yes No			] No
	g. Name and Address of Curre	nt Registered A	gent		. 1		10. Name and Address of New Reg	Istered Ag	ent	
	IAEBEL, MARY A			8	1	Name				
	52 MAYFAIR ROAD					Street Addres	ess (P.O. Box Number is Not Acceptable)			
JAI	CKSONVILLE FL 32207			8:	3	· · · · · · · · · · · · · · · · · · ·	<del></del>			
					1					
				8	4	City		FL	<b>65</b> Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the office or registered agent, or both, in the State of Florida, Such change was authorize						named corpor	ration submits this statement for the pu	irpose of ch	nanging it	s registered
ottice or r agent I a	egistered agent, or both, in the State of fair-up-with, and accept the oblig	a of Florida. Suct jations of, Sectic	h change was ai on 697.0505, Flor	uthorized t rida Statuti	by ti es,	he corporation	n's board of directors. I hereby accep	the appoin	itmeni as	registered
SIGNATURE	Thoughow Kny	achil	(MARY			naebel	//	18/98	7	
	Signature, typed of printed name of registered ag	ent and title if applicat ID DIRECTORS	ole (NOTE		gent	signature required	<del> </del>	DATE	IDEATAG	O 151 40
12.	D	ID DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	KNAEBEL, MARY A			1.2 NAME						_
STREET ADDRESS	1352 MAYFAIR RD			1.3 STREE	ET AL	DDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-	-ST-	ZIP				
TITLE	D		DELETE	2 1 TITLE					Change	Addition
NAME	CHAVIS, ERIC N			2.2 NAME	E					
STREET ADORESS	1352 MAYFAIR RD			2.3 STREE	E1 AC	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207			2 4 CITY		ZIP	····		1	
TITLE			☐ DELETE	3 1 TITLE				L	J Change	Addition
NAME				3 2 NAME						
STREET ADDRESS				3.3 STREE						
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE		ZIP			Change	Addition
NAME	•			4.2 NAM					1 Onlings	
STREET ADDRESS				4.3 STREE		nneece				
				4.4 CITY -						
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE		4.11			Change	Addition
NAME			. =	5.2 NAME					-	_
STREET ADDRESS				5.3 STREE		DDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITLE					Change	☐ Addition
NAME	•			6.2 NAME					-	
STREET ADDRESS				6.3 STREE		DRESS				

6.4 CITY - S1 - 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 chapters or on an attachment with an agdress.