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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 30 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

P93000053378 (4) DOCUMENT #

Principal Place of Business Mailing Address 1717 NORTH E ST 1717 NORTH E ST SUITE 131 PENSACOLA FL 32501 PENSACOLA FL 32501						DO NOT WRITE IN THIS SPACE				
					3. Date Inc 07/30	corporated or Qualified /1993	1			
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Num			Ar	oplied For	
21		26		<u>59-3</u>	<u>195130</u>		No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifica	te of Status Desired		*	Additional equired		
City & State		City & State		8 Floation	Campaign Financing		\$5.00	<u></u>		
23		28		l l	nd Contribution			May Be to Fees		
Zip	Country	Zip	Country	/	8. This cor	poration owes or has p		ent year Int	tangible	
	25		30			Property Tax due Jur] No	
WE	 Name and Address of Current AVER, JOSEPH W 	Hegistered Agent	81	Name	10. Name a	nd Address of New F	registered A	vgent		
1717 NORTH E ST SUITE 131										
			B2	Street Ac	dress (P.O. Box Number is Not Acceptable)					
PE	NSACOLA FL 32501		83					- "		
			84	City			FL	85 Zip	Code	
	to the provisions of Spetimes 607 0000	and 607 1508. Florida Statute		1		this statement for the		changing it	le regintered	
11. Pursuant	to the provisions of Sections 607.0302	a lo dor 1000, i londa olaldie	s, the abov	e-named co	orporation submitt	ins statement to the	horbose or	Criariging ii	is registered	
11. Pursuant office or agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Flo	es, the above uthorized by rida Statute	e-named co y the corpo s.	ration's board of c	directors. I hereby acc	ept the appo	ointment as	registered	
11. Pursuant office or agent. La						directors. I hereby acc		ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Age		quired when reinstating)		DATE			
J		t and title if applicable (NOTE			quired when reinstating)	directors. I hereby acc	DATE ICERS AND			
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND WEAVER, JOSEPH W	t and title if applicable (NOTE DIRECTORS	Registered Age		quired when reinstating)		DATE ICERS AND	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE	OFFICERS AND WEAVER, JOSEPH W 1717 NORTH E ST SUITE 131	t and title if applicable (NOTE DIRECTORS	13.	ent signature rec	quired when reinstating)		DATE ICERS AND	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AND WEAVER, JOSEPH W	t and title if applicable (NOTE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature rec	quired when reinstating)		DATE ICERS AND	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND WEAVER, JOSEPH W 1717 NORTH E ST SUITE 131	t and title if applicable (NOTE DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature rec	quired when reinstating)		DATE ICERS AND	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND WEAVER, JOSEPH W 1717 NORTH E ST SUITE 131	t and title if applicable (NOTE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	ent signature fed f ADDRESS 51-ZIP	quired when reinstating)		DATE ICERS AND	DIRECTOR Change	tS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND WEAVER, JOSEPH W 1717 NORTH E ST SUITE 131	t and title if applicable (NOTE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-I	F ADDRESS ADDRESS ADDRESS	quired when reinstating)		DATE ICERS AND	DIRECTOR Change	tS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND WEAVER, JOSEPH W 1717 NORTH E ST SUITE 131	Land title if applicable (NOTE) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	quired when reinstating)		DATE	DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	
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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 suppliemental 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 atlachment with an address.

6.4 City-ST-ZIP