## 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

**FILED** Apr 15 1998 8:00am Secretary of State

1998	DIVISION OF CORPORATIONS					] Secretary of State			
	P93000054	466 (6)			<u> </u>				
Principal Place of Business	Mailin	g Address				I TODANORI ITO TOTOG ITHIN OBIAN DONA ODIAL	BOARN BARN DIDAN DIDAN D	FILE BALL LEBY	
806 W. JAMES LEE BLVD. PO BOX 38 CRESTVIEW FL 32536 CRESTVIEW FL 32536									
CRESTVIEW FL 32536	US	STAIRM LT 2520				DO NOT WRITE I	N THIS SPACE		
		•				<ol> <li>Date Incorporated or Qualified 08/02/1993</li> </ol>			
2. Principal Place of Business	2a. M	2a. Mailing Address				4. FEI Number		pplied For	
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.				59-3203663		lot Applicable	
22	27	<b>—</b>			l	5. Certificate of Status Desired			
City & State	<b>⊢</b> ¬	Crly & State				6. Election Campaign Financing \$5.00 May Be			
Zip Cour	ntry Zi		Country			Trust Fund Contribution  8. This corporation owes or has paid		to Fees	
24 25	29	<b>j</b>	30			Personal Property Tax due June 3	0. Yes	No No	
· · · · · · · · · · · · · · · · · · ·	iress of Current Register	d Agent	81			10. Name and Address of New Reg	Istered Agent		
TATE, ROBERT E 806 W. JAMES LEE BI	.vn			Name					
CRESTVIEW FL 32538			82	82 Street Ad		s (P.O. Box Number is Not Acceptable	9)		
			83						
			84	City			FL 85 Zip	Code	
11. Pursuant to the provisions of Se	ections 607.0502 and 607.	1508, Florida Statutes	s, the above	-named	corpor	ation submits this statement for the pu		Its registered	
office or registered agent, or bo agent. I am familiar with, and ac	oth, in the State of Florida. occept the obligations of, Si	Such change was au action 607,0505, Flori	ithorized by ida Statutes	the corp 3.	poration	ation submits this statement for the pun's board of directors. I hereby accept	the appointment a	s registered	
SIGNATURE Signature Andrews	ame of the stand and and title if an	MATE.	Designated Age	ma alamah ura		uhan salastatian)	DATE		
12.				egistered Agent eignature required		ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE DOOCDT	-	DELETE	1.1 TITLE		1		Change	Addition	
NAME TATE, ROBERT ( STREET ADDRESS 808 W. JAMES (			1.2 NAME	4000ree					
CITY-ST-ZIP CRESTVIEW FL	DEL DETP.		1.3 STREET						
TITLE		DELETE	2.1 TITLE			······································	☐ Change	Addition	
NAME			2.2 NAME		ŀ	•	• . •		
STREET ADDRESS			2.3 STREET		1				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-5 3.1 TITLE	51 - ZIP	<del>  -</del>	<del></del>	Change	Addition	
NAME			3.2 NAME		ļ			Į.	
STREET ADORESS			3.3 STREET						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 5 4.1 TITLE	ST-ZIP_			☐ Change	Addition	
NAME		<b>—</b> occ.,,	4. 2 NAME	ı	}				
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		<u> </u>			
TIPLE NAME		DELETE	5.1 TITLE 5.2 NAME		İ		Change	Addition	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-SI-ZIP	<del></del>		5.4 CITY - S		<u> </u>				
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STREET		]				
14. I hereby certify that the information	ion supplied with this filing	does not qualify for	6.4 City-S the exemp		d in Se	ection 119.07(3)(i), Florida Statutes. I fu	urther certify that th	e information	

showered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in