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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000061730 (6)

FILED Mar 11 1998 8:00am Secretary of State

| DAVID RHETT BAKER, P.A.  | (-)   |  | <br>   | <b>aug</b> 1111 1241 1411 1611 1811                                      |
|--|---|--|--|--|
| Principal Place of Business Mailing  | g Address                                     |  | T LEBENDE HA LONG TINN OLUL DOUG AGIN CRIS   | 01104 1004 10060 14171 8041 1041   |
| <b>l</b>   | ORANGE AVE                                    |  |  |  |
| STE 1225 STE 1   | 225   |  |  | "0 00+0F   |
| ORLANDO FL 32801 ORLAI   | NDO FL 32801                                  |  | DO NOT WRITE IN TH   | IS SPACE   |
|  |   |  | 3. Date Incorporated or Qualified  |  |
| 2. Principal Place of Business   | illing Address O                              | 7.   | <b>09/01/1993</b> 4. FEI Number  | Applied For  |
|  |   | obinson St   | 59-3197074   | Not Applicable   |
| Suite, Apt. #, etc. Sui  | ite, Apl. #, etc.                             | ال ١١١٥٠١١١٥٠  |  | \$8.75 Additional  |
| 22 27  |   |  | 6. Certificate of Status Desired   | Fee Required   |
| 23 Orlando, Aa. 28 O   | state Mando.                                  | Aa.  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees   |
| Zip 770 Country Zip  | 770 01  | Country  | 8. This corporation owes or has paid the   | current year Intangible  |
| 24 3280 25 29  | 20001 3                                       | 0  | Personal Property Tax due June 30.   | Yes No   |
| g. Name and Address of Current Registere   | d Agent                                       |  | 10. Name and Address of New Register   | ed Agent   |
| BAKER, DAVIO R   |   | 81 Name  |  |  |
| 201 S ORANGE AVE   |   | 82 Street Addre  | ess (P.O. Box Number is Not Acceptable)  | CLG-L  |
| STE 1225   |   | 1014   | East Kobinson  | Stieet   |
| ORLANDO FL 32801   |   | 83   |  |  |
|  |   | 84 900 0   | 200  | 85 Zip Code  |
|  |   | 1000   | <u> </u>   | L 3280   |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1 office or registered agent, or both, in the State of Florida Sagent, Lam Halliam a court the obligations Sagent.   | 508, Florida Statules,<br>Such change was aut | , the above-named corp<br>horized by the⊾corporati   | oration submits this statement for the purposition's board of directors. I hereby accept the a | <ul> <li>of changing its registered appointment as registered</li> </ul> |
| agent. I am Illimiliar with any all copt the obligations of Se   | ction 60   0505 Florid                        | da Statutus.   | r Procedunt  | 1/4/48   |
| SIGNATUR ACCURATION OF THE SIGNATURE ACCURATION OF THE SIG | IVI & CCM                                     | Registered Agent signature require   | ed whon reinstating) DATI  | 3/0//  |
| Signature, typelt or posted former of the gestered agent and filter age  12. OFFICE RS AND DIRECTO   |   | 13.  | ADDITIONS/CHANGES TO OFFICERS A  |  |
| TITLE D  | DELFTE  | 1.1 TITLE  |  | Change  Addition   |
| NAME BAKER, DAVID R  |   | 1.2 NAME 10  | 014 East Robinson  | Strat  |
| STREET ADDRESS 201 S ORANGE AVE #1225  |   | 1.3 STREET ADDRESS   | 17 EAST RECITION   | sneed  |
| CITY-ST-ZIP ORLANDO FL 32801   |   | 1.4 CITY-ST-ZIP  |  |  |
| TITLE  | ☐ DELETE                                      | 2.1 TiTLE  |  | ☐ Change ☐ Addition  |
| NAME   |   | 2.2 NAME   |  |  |
| STREET ADDRESS   |   | 2 3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   | 2 4 CITY-ST-ZIP  | · ·  |  |
| TITLE  | [_] DELETE                                    | 3.1 TITLE  |  | Change Addition  |
| NAME   |   | 3.2 NAME   |  |  |
| STREET ADDRESS   |   | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   | 3 4. CITY - ST - ZIP   |  |  |
| I TIPLE  | DELETE  |  |  | Change   Addition  |
| I NAME   | DECETE  | 4.1 TITLE  |  | Change Addition  |
|  | DECETE  | 4.1 TITLE<br>4.2 NAME  |  | Change Addition  |
| STREET ADDRESS   | DELETE  | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS  |  | Change Addition  |
| STREET ADDRESS  GITY-ST-ZIP  |   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  |  |  |
| STREET ADDRESS CITY-S1-ZIP TITLE   | DELETE  | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE  |  | Change Addition  |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   |   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME   |  |  |
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| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | DELETE  | 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 5.4 CITY-ST-ZIP 6.1 TITLE          |  | ☐ Change ☐ Addition  |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | DELETE  | 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 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME |  | ☐ Change ☐ Addition  |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | DELETE  | 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 5.4 CITY-ST-ZIP 6.1 TITLE          |  | ☐ Change ☐ Addition  |

It 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 informatic 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 eath; that I am an officer or furctor 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 if changes, or on an attachment with an address

SIGNATURE:

David R. Ba

aker 2/26/98

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