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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOGOGOGOGOGO (A) DOCUMENT #

Principal Place of Business	Mailing Address		
16 E PLANT ST WINTER GARDEN FL 34787 US	16 E PLANT ST WINTER GARDEN FL 34787 US		
. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED Mar 20 1998 8:00am Secretary of State



Principal Place	of Business		./11 00110 0 11	.00 11111 15010 11011	7 (8)) (84)					
16 E PLANT ST 16 E PLANT ST										
WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 US						DO NOT MOITE IN THIS COACE				
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 09/07/1993				
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TAD	plied For	
Z. Trinoparti	ade of Beamoss	26				59-3201307			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A		
27						5. Certificate of Status Desired		Fee Re	quired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
3		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has p	aid the cu			
4	25	29	30		-	Personal Property Tax due Jun			No	
	9. Name and Address of Curren	t Registered Agent		04		10. Name and Address of New R	agistered	Agent		
	AA, WILLIAM N PA			81	Name					
886 SOUTH DILLARD ST.				82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
WIN	ITER GARDEN FL 34777			-			_			
				83						
				84	City			85 Zip (Code	
							FL		a registered	
office or re	o the provisions of Sections 607.0505 ogistered agent, or both, in the State in familiar with, and accept the obliga	int Florina. Such change wa	s authorize:	ועמוכ	named corpo the corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose o	pointment as	registered	
•	triatilital with, and accept the obliga	ations of occion our society	. ionida ciai	utoo.						
SIGNATURE	Signature, typed or printed name of registered age	int and title it applicable. (N	OTF Registered	d Agent	t signature required	d when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	D	☐ DELETE	1.1 70	TLE				Change	Addition	
NAME	ABBOUD, JAMES G		1.2 NA	ME						
STREET ADDRESS	16110 RIDGEWOOD AVE.	1		1.3 STREET ADDRESS		•				
CITY-ST-ZIP	MONTUERDE FL 34758		1.4 (0)	TY-ST	- ZIP					
TITLE		DELETE	2.1 TO	TLE				Change	☐ Addition	
NAME			2.2 NA	ME						
STREET ADDRESS			2.3 \$1	REET A	DDRESS					
CITY-ST-ZIP		D DELETE		ITY-ST	- ZIP	·····		Channa	Addition	
TITLE		DELETE	3.1 T(1					L Change	L. Addition	
NAME			3.2 NA							
STREET ADDRESS			1		DDRESS					
CITY-ST-ZIP		DELETE	3.4. Cl 4.1 Ttl	ITY-ST	- LIP			Change	Addition	
TITLE		□ brreit	4.1 II		1			0.val9a		
NAME					DODECC					
STREET ADDRESS					DDRESS 700					
CITY-ST-ZIP		DELETE	4.4 UI 5.1 TII	TY-ST- TLF	- zır			Change	Addition	
TITLE		beerit	5.2 NA							
NAME PERFET ADDRESS					ADDRESS					
STREET ADDRESS				IY-ST-						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 Tr		- 411			Change	Addition	
· ·			6.2 N/					- •	_	
NAME STREET ADDRESS			- 1		DDRESS					
CITY_CT. 7IP				TY-\$1-						

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 tastee empowered to execute his report are equired 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.

3-16-98

407/654-7600