## 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 21 1998 8:00am Secretary of State

Suite, Apt #, etc  22  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  6. Election Campaign Financing Frust Fund Contribution Added to Fees  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Fee Required  Fee Required  Fee Required  St. Oo May Be Added to Fees  Added to Fees  Zip  Country  Suite, Apt. #, etc.  Fee Required  Suite, Apt. #, etc.  Suite, Apt.		1998 DIVISION OF CORPORATIONS								
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119 DRESON CT SAFORD R. 3271  3. Date incorporated or Qualified 10/11/1983 21   22   Mailing Address   4. PER Number   Applied For   1. Suito, Apr. #, oic	Dringing Diag	o of Pusiness	Mailing Address							
SAMFORD PL 32711  SUIC. Appl #, old   Su	•		•							
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City & State    City & State   City	<del> </del>						5. Certificate of Status Desired			
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Zip   Country   Zip   300   Section   Experiment   Expe		— — — — — — — — — — — — — — — — — — —					· · · · · · · · · · · · · · · · · · ·			
B. Name and Address of Current Registered Agent  MCLEOD, WILLIAM E SR 119 DRESOAN CT SANFORD PL 32771  83  64 City  FL 85 Zip Code  11. Pursuant to the provisions of Socious 607 0502 and 607 1506, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered gent, or both, in the State of Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered gent, and both in the State of Florida Statutos.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL  DCP  OFFICERS AND DIRECTORS  12. Name  MCLEOD, WILLIAM E SR 11 TITLE  DCP  MCLEOD, WILLIAM E SR 11 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  DELETE  31 TITLE		Country		Cou	untry					
MCLEOD, WILLIAM E SR 119 DRESOAN CT SANFORD FL 32771  82 Street Address (P.O. Box Number is Not Acceptable)  83 Order Address (P.O. Box Number is Not Acceptable)  84 Orty FL 85 Zip Code  95 City FL 85 Zip Code  96 City FL 85 Zip Code  97 City FL 86 Zip Code  98 City FL 86 Zip Code  98 City FL 87 Zip Code  98 City FL 88 Zip Code  99 City FL 88 Zip Code  99 City FL 89 Zip Code  99 Zip Code  90	24			30					No	
THE Pursuant to the provisions of Sections E07.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Toords. Such change was submitted by the corporation submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Toords. Such change was submitted by the corporation submits this statument for the purpose of changing its registered office or registered agent is members. Signature the submits this statument for the purpose of changing its registered office or positioned agent agent is members. Signature the submits this statument for the purpose of changing its registered office or registered agent is members. Signature the submits this statument for the purpose of changing its registered office or registered agent is members. Signature the submits this statument for the purpose of changing its registered office or registered agent is members. Signature the submits this statument for the purpose of changing its registered office or registered agent is members. Signature the purpose of changing its registered office or registered agent is members. Signature the purpose of changing its registered office or registered agent is members. Signature the purpose of changing its registered office or registered office or registered agent is members. Signature the purpose of changing its registered office or registered office or registered office or registered agent is members. Signature the purpose of changing its registered office or registered or regi	· · · · · · · · · · · · · · · · · · ·	<del></del>	ent Registered Agent	<del></del>	104		10. Name and Address of New Registered	Agent		
SANFORD FL 32771  B3  City  FL  B3  City  FL  B5  Zip Code  11. Pursuant to the provisions of Sections 697 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  Signature harder protect mark of registered agent and sele it implication.  DOP  OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOP MULIAM E SR  119 DRESOAN CT  113 SIRE! ADDRESS  CITY-SI-ZP  TITLE  DELETE  21 SITLE  DELETE  21 SITLE  DELETE  21 SITLE  DELETE  31 SITLE  DELETE  31 SITLE  DELETE  41 SITLE  DELETE  51 SITLE  DE					61	Name				
### Body					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and an accept the obligations of Socion 607 0005. Florida Statutos.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OF FICERS AND DIRECTORS  12.	5A	INFUND PL 327/1			83					
11. Pursuant to the provisions of Sochons 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was sutherized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607 0506, Florida Statutes.  SIGNATURE  Signature from a provision agent and accept the obligations of, Section 607 0506, Florida Statutes.  SIGNATURE  Signature from a provision agent and silver an application of the provision agent and silver application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver an application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision and accept the appointment as registered agent and soch and soch application.  In the signature from a provision and accept the application and application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the signature from a provision agent and silver application.  In the silver application application application and silver applica										
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		certify that the information supplied	with this filing does not qualify f				Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information	

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 changed, or on an attachment with an address

SIGNATURE: William E. M.LEOd, SR. 13/1/1/198 \$407/324-182.