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

P93000073265 (9)

Principal Place		Mailing Address					
1040 CLEARWATER ROAD DAYTONA BEACH FL 32114		1040 CLEARWATER ROAD DAYTONA BEACH FL 32114		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	riio oraue	
				., .,	10/21/1993		
		28, Mailing Address	Mailing Address		4, FEI Number	<u> </u>	Applied For
Suite, Apt. #, etc.		Suite. Apt. #. etc.		59-3222397		Not Applicable Additional	
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing		May Be	
23 Country		28	Zip Country		Trust Fund Contribution		to Fees
Zip	Country 25	29	30	ıy	 This corporation owes or has paid the Personal Property Tax due June 30. 		ntangible No
24	Name and Address of Curre		1001		10. Name and Address of New Registe		
FEI	NY, FRANK		8	1 Name			
1040 CLEARWATER ROAD			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
DA'	YTONA BEACH FL 32114		8				
			ď	3			
			8	4 City		FL 85 Zip	Code
agent. La SIGNATURE	m f a miliar with, an d a ccept the obli	igations of, Section 607.0505	, Florida Statul	es.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the		its registered s registered
12.	Signature, typed or pointed name of registered a OFFICERS A	ND DIRECTORS	13.	igent signature requii	red when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		BS IN 12
TITLE	V	☐ DELETE		-		☐ Change	
NAME	BLAKE, CHARLES		: 1.2 NAM	E			
STREET ADDRESS	2255 ORIOLE LANE			ET ADDRESS			
CHY-SI-ZIP	S DAYTONA FL		1.4 CHY 2.1 HTcl			Change	Addition
TITLE NAME	FENY, FRANK					LT Change	Nuclified
STREET ADDRESS	1040 CLEARWATER RD		2.2 NAM 2.3 STRE	i. Et address			
CITY-ST-ZIP	DAYTONA BEACH FL			'-S1-ZIP			
TOUT			3.1 TITLE			Change	Addition
NAME			3.2 NAM	τ			
STREET ADDRESS				ET ADDRESS			
CHY-ST-ZIP		DELEVE		- S1 - ZIP	,	Change	Addition
TITLE		F"] DETECT	4.1 TITLE 4. 2 NAM			[_] Oliolige	L.J Addition
NAME STREET ADDRESS				F1 ADDRESS			
CITY-ST-ZIP				- ST-ZIP			
10LE	·	DELETE	5.1 TITE			☐ Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	FT ADDRESS			
DITY-ST-ZIP			5.4 CITY	- S1 - ZIP			
TOLE		☐ DELE1E	6.1 TITE			Change	Addition
NAME			6.2 NAM				
L CTREET ADDRESS			6.3 STRE	ET ADDRESS			

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.

64 CHY-ST-ZIP

90

FILED

Jan 16 1998 8:00am

Secretary of State