## 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

FILED Jan 28 1998 8:00am Secretary of State

	MENT # P9300 IERWEILER & ASSOCIATES					
Principal Plac	e of Business	Mailing Address			I IDBAIDBA ILB IBABA ILAI BBAIL BBAIL BBAIL BBAIL BBAIL	#0010 F0F01 \$4101 IE410 \$104 IDE
8039 LITTLE ROAD 12605 PALM TREE CT						
NEW PORT RICHEY FL 34654 HUDSON FL 34669						
US					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address					11/12/1993 4. FEI Number	
21	Table of Bookings	26		59-3212225	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country		8. This corporation owes or has paid the	markeni ma "	
24	25 9. Name and Address of Currer	29	30		Personal Property Tax due June 30.	Yes No
	<del></del> '	it Registered Agent		1 Name	10. Name and Address of New Registers	d Agent
	RWEILER, RAYMOND H		•			
	805 PALM TREE COURT		8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
nu	IDSON FL 34669		B:	3		
			Ľ.			
			8	4 City	-	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named co		
office or r	registered agent, or both, in the State	of Florida, Such change was above of Section 607 0505. Fl	authorized b	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE /	Jund d-	Pel		ous p	+ Russingiles 1/2	1/98
(	Signature, typed or privited hamo of registered aga		TE: Registered A	gent signature rec	quired when reinstating) DATE	, . <u></u>
12.	OFFICERS AN		13.	······································	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D BEDWEILED BAVMOND M	DELETÉ	1.1 TITLE			L Change L Addition
NAME	ABOOF BALLA TOPP OF		1.2 NAME	·		
STREET ADDRESS		HIDOON EL ALOGO		ET ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY- 2.1 TITLE			Change Addition
NAME	BIERWEILER, MERYLE A		2.2 NAME			C onungo C noomon
STREET ADDRESS	12605 PALM TREE CT		1	T ADDRESS		
City-ST-ZIP	HUDSON FL 34669		2.4 CITY		\$ ·	
TITLE		☐ DELET <b>E</b>	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	- ST - ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	E		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP		TT array	4.4 CITY-			
TITLE		DELETE	5.1 TITLE	j j		☐ Change ☐ Addition
NAME			5 2 NAME	ŀ		
STREET ADORESS				T AODRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		Choose Ladda:
TITLE NAME		ן טנונונ	6.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME			
				T ADDRESS		
CITY-ST-ZIP	notify that the information availant w	all Auto-Filling all and a 197 A	6.4 CITY-	51-ZIP	0-12-10-07/09/3 54-34-59-14	

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 it changed or on an attachment with an address.

MONATURE & AND CONTRACT IN ROUNCE DEGLES 200