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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Mar 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080083 (7)

Principal Place		Mailing Address			
899 SILVERADO CT LAKE MARY FL 32746		LAKE MARY FL 32746		DO NOT WRITE IN THIS S	SPACE
US		U\$		3. Date Incorporated or Qualified	TAGE
				11/19/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		36-3923205	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Florida Occasion Figure	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent
CODUTO, ANGELO			81 Name	•	
	SILVERDAO CT		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAKE MARY FL 32746			83		
			84 City		85 Zip Code
			1 1 1	poration submits this statement for the purpose of	
office or re agent I at	agistered agent, or both, in the State in familiar with, and accept the oblig Augle Co. Signature, typed or protect name of registered ag	e of Florida. Such change was a pations of, Section 607.0505, Florida.	Replaced Agent signature requ	Months board of directors. Thereby accept the appe	/98
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CODUTO, ANGELO M		1.2 NAME		
STREET ADDRESS	899 SILVERADO CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADORESS			2.4 City-St-ZIP		
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		Date Toleran
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-\$T-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		- PARCIE	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ANDRESS			6.3 STREET 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 applicament with an address.

6.4 CITY-ST-ZIP