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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 28 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088766 (9)

R. L. G	ORDON & COMPANY, INC	) •			
Principal Plac	e of Business	Mailing Address			IAN KANIN KADAD BINTA ANN JAG
7 WEST MAIN ST. SUITE 1200 APOPKA FL 32703		P.O. BOX 2148 SUITE 1200 APOPKA FL 32704		DO NOT WRITE IN THIS	SPACE
		US		3. Date Incorporated or Qualified	
				12/29/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3217633	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25]	· • • • • • • • • • • • • • • • • • • •	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	∐ Yes ∐ No
	9. Name and Address of Curre	nit Negratared Agent	81 Name	10. Name and Address of New Registered	Agent
	RDON, RONALD		Thank		
7 W. MAIN ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STE 1200			83		
API	OPKA FL 32704		83		
			84 City	<b>F</b>	85 Zip Code
				<u> </u>	-
office or r	to the provisions of Sections 507.05 registered agent, or both, in the Stat	e of Florida. Such change was au	s, the above-named con ulhorized by the corpora	rporation submits this statement for the purpose a ation's board of directors. I hereby accept the ap	of changing its registered of pointment as registered
agent I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Flor	ida Statutes.	,	
SIGNATURE					
	Signature, typed or printed name of registered as		Registered Agent signature requ		D DIDEOTODO (1) 40
12.	D OF ICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	GORDON, RONALD L	C) petere	1,7 MLE		LT Change LT Addition
NAME DESCRIPTION	7 W. MAIN ST., SUITE 1200				
STREET ADDRESS	APOPKA FL 32703		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	DÖHERTY, MICHAEL	Detter			
NAME	7 W. MAIN ST. STE. 1200		2.2 NAME		
STREET ADDRESS	APOPKA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	AFORKEL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		La opecia	3.2 NAME		ondigo reductor
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		occur	4. 2 NAME		T Augusto T Vacation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		F 255516	5.2 NAME		C.idings NOriton
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
			<b>I</b> 1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		_ Stange _ reduced
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZIP			6.4 CiTY - ST - ZIP		1
0011-01-28		_	E O'A MILL OL. TIL		

14. In section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption steed in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or exemption 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 of the receiver or trusted emptioned 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 in agricess.