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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

rtonii	DA ANGUILLA CORP.	0010000 (7)			
Principal Plac	ce of Business	Mailing Address			BOT 48110 81111 08101 1811 1881
25151 PENNYROYAL DR. BONITA SPRINGS FL 33923 US		25151 PENNYROYAL DR. BONITA SPRINGS FL 33923 US		DO NOT WRITE IN THIS	SPACE
•				3. Date Incorporated or Qualified 03/10/1994	<u> </u>
- -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.		65-0480210	Not Applicable \$8.75 Additional
2	. ,	27		5. Cortificate of Status Desired	Fee Required
City & Sta		City & State		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 cu	_ ′ _ `
4	25 g. Name and Address of Currer	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
25	DSINUS, FRANZ 151 PENNYROYAL DR. DNITA SPRINGS FL 33923		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
 Pursuant office or 	to the provisions of Sections 607 050 registered agent, or both, in the State	2 and 607 1508, Florida Statut of Florida, Such change was a	es, the above-named cor authorized by the corpora		of changing its registered
SIGNATURE	Signatore, typerfor punted masse of registured agr	ent and title dapparable (NOT	E. Registered Agent signature requ	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap alred when reinstating).	
SIGNATURE	Signatore, typerfor punted masse of registured agr	ent and nitle d'arque able (NOT D'DRECEORS	E Registered Agent signature requ	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	
SIGNATURE	Signature type-Les postes tress of registered age OFFICERS AN	ent and title dapparable (NOT	E. Registered Agent signature requ	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap alred when reinstating).	D DIRECTORS IN 12
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14. Thereby 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 suppliemental 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 13 if changed or on an attachment with an address.

61 THLE 6.2 NAME

63 STREET ADDRESS 6.4 CiTY-ST-ZIP

SIGNATURE:

TIFLE

NAME STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

Addition

FILED

Apr 30 1998 8:00am

Secretary of State