## 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

## Jun 02 1998 8:00am Secretary of State

MIGHT	Y TRUTH RECORDS, IN	IC.	5635 (1	)								
Principal Place of Business  POST OFFICE BOX 861  MELBOURNE FL 32902 US		PO ME	Mailing Address  POST OFFICE BOX 861  MELBOURNE FL 32902  US					DO NOT WRITE IN THIS SPACE				
								3. Date Incorp 04/04/19	orated or Qualifie	ď		
2. Principal P	lace of Business	2a. N	lailing Address					4. FEI Number		<del></del>		Applied For
21		26		· · · · · · · · · · · · · · · · · · ·				59-323	7304	<del> </del>	<del></del>	Not Applicable
Suite, Apt	#, etc.	}·₁	uite, Apt. #, etc.					5. Certificate o	of Status Desired		7	Additional Regulred
City & Stat	0	<b>27</b>	ily & State		-	-		6. Election Car	mpaign Financing			O May Be
23		28	28					Trust Fund (			•	d to Fees
Zip	Country	<del></del>	φ	Cour	nlry			•	ation owes or has	•		
24	25   9. Name and Address of Cu	[29] Irrent Beolstei	trana ha	[30]					operty Tax due Ju Address of New			∐ No
FF	LTON, DAVID		au riguin		81	Name		10, 110,110 0,110			- ragonit	
1859 CRANE CREEK BLVD					82	Street	Addres	s (P.O. Boy Num	nber is Not Accep	tahla)		· · · · · · · · · · · · · · · · · · ·
4	LBOURNE FL 32940						5 (1 .O. DOX 140/1	iber is Not Accep				
					83							
				ľ	84	City					<b>85</b> Zi	p Code
11 Pursuant	to the provisions of Sections 607	0502 and 607	1508 Florida Stati	ites the ab	. L	-named	corpor	ation submits thi	s statement for the	Fl		its registered
office or r	to the provisions of Sections 607 egistered agont, or both, in the 5 m familiar with, and egicent the c	State of Horida	Such change was section 607 0505 T	authorized	by	the corr	poration	's board of direc	ctors. I hereby acc	cept the ap	pointment a	as registered
SIGNATURE	- Alarit M.	F.H	5 Due	IOHOL CAR	103.							
	Signature, typical or pented name of negisters				Agen	t sig- sture	re-quired v	when reinstating)		DATE		
12.	OFFICERS PVST	AND DIRECTO	NID DIRECTORS DELETE		13.			ADDITIONS/C	CHANGES TO OF	FICERS AN	ND DIRECTO	
NAME	FELTON, DAVID				1.2 NAME 1.3 STREET ADDRESS						C. Ononge	, Distriction
STREET ADDRESS	POST OFFICE BOX 861	N/A										
CITY-ST-ZIP	MELBOURNE FL				1.4 CITY - ST - ZIP							
TITLE	D		DELETE	2111	l F					-	☐ Change	e Addition
NAME	FELTON, DAVID	\$1/ <b>\$</b>		2.2 NA								
STREET ADDRESS	POST OFFICE BOX 861	N/A				ADDRESS						
CITY-ST-ZIP TITLE	MELBOURNE FL	•	DELETE	2. 4 Cf		I - ZIF					Change	e Addition
NAME			meete	3.2 NA							— ouerBc	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				3 4. CI	1Y-S1	I-ZIP						
TITLE			DITETE	4.1 TIT	LE						Change	e Addition
NAME				4. 2 NA				500	00254 4/98010	L69!	55	
STREET ADDRESS						ADDRESS		-06/0	4/98010	0703	31	
CITY-ST-ZIP TITLE			DOLLETE	4.4 C(T 5.1 T)T		- ZIP		***1	50.00		Change	e Addition
NAME				5.2 NA							C cuantit	4°C
STREET ADDRESS						ADDRESS						مري م
CITY-ST-ZIP				5.4 CIT								6.2
TUTLE			DELETE	6.1 TIT	-						☐ Change	Addition
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 STF	REETA	ADDRESS						

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 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.

M FEITH 4-20-99 407-727-40

CR2E034 (10/97)