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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027402 (4)

| SHINGLE CREEK REAL ESTATE ADVISORY COMPANY  Principal Place of Business Mailing Address  1708 BRIERCLIFF DR. 1708 BRIERCLIFF DR. ORLANDO FL 32806                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                            |                                                                                                                                                                                                                              | DO  3. Date incorporated of                                                                                                                        | DO NOT WRITE IN THIS SPACE  3. Dale incorporated or Qualified                                                            |                                     |                       |                                            |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|--------------------------------------------|----------------------------------------------------------------|
| A Dringing D                                                                                                                                                                                                                                                                                                    | lace of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 7 1                                       | Aarling Address                                            |                                                                                                                                                                                                                              |                                                                                                                                                    | 04/08/1994<br>4, FEI Number                                                                                              |                                     |                       |                                            | 1 1500                                                         |
| 21 PHINCIPART                                                                                                                                                                                                                                                                                                   | lace (ii Dusiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                           | Maning Madress                                             |                                                                                                                                                                                                                              |                                                                                                                                                    | <b>1</b>                                                                                                                 |                                     |                       |                                            | pplied For<br>lot Applicable                                   |
| Suite, Apt.                                                                                                                                                                                                                                                                                                     | # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [26]<br>S                                   | Suite, Apt. #, etc.                                        |                                                                                                                                                                                                                              |                                                                                                                                                    | 59-3249070                                                                                                               |                                     |                       |                                            | Additional                                                     |
| 22                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    |                                                                                                                                                                                                                              |                                                                                                                                                    | <ol><li>Cortificate of Status</li></ol>                                                                                  | Desired                             |                       |                                            | equired                                                        |
| City & State                                                                                                                                                                                                                                                                                                    | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | lity & State                                               |                                                                                                                                                                                                                              |                                                                                                                                                    | 6. Election Campaign                                                                                                     | Einancino                           |                       | \$5.00                                     | May Be                                                         |
| 23                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                          |                                                            |                                                                                                                                                                                                                              |                                                                                                                                                    | Trust Fund Contribu                                                                                                      | •                                   |                       |                                            | to Fees                                                        |
| Zip                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | Zip Country                                                |                                                                                                                                                                                                                              |                                                                                                                                                    | 8. This corporation ow                                                                                                   | es or has paid                      | the curre             | ent year In                                | tangible                                                       |
| 24                                                                                                                                                                                                                                                                                                              | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29                                          |                                                            | 30                                                                                                                                                                                                                           |                                                                                                                                                    | Personal Property T                                                                                                      |                                     |                       |                                            | □ No                                                           |
|                                                                                                                                                                                                                                                                                                                 | 9. Name and Address of Curre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt Registe                                  | red Agent                                                  |                                                                                                                                                                                                                              |                                                                                                                                                    | 10. Name and Address                                                                                                     | s of New Regi                       | stered A              | gent                                       |                                                                |
| Berlinsky, kathleen J.<br>1708 Briercliff Dr<br>Orlando fl 32806                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                            |                                                                                                                                                                                                                              | Name Street City                                                                                                                                   | Address (P.O. Box Number is N                                                                                            | Not Acceptable                      | FL                    | 85 Zip                                     | Code                                                           |
| 11. Pursuant office or reagent. I a                                                                                                                                                                                                                                                                             | to the provisions of Sections 607 051<br>egistored agent, or both, in the State<br>m familiar with, and accept the oblig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 02 and 607<br>e of Florida<br>jabons of, \$ | 1508, Florida Stat<br>Such change was<br>Section 607 0505, | tutes, the abo<br>s authorized t<br>Florida Statut                                                                                                                                                                           | l<br>by the cores.                                                                                                                                 | corporation submits this statem<br>poration's board of directors. I h                                                    | nent for the pur<br>nereby accept t | pose of o<br>the appo | changing introent as                       | its registered<br>s registered                                 |
| 11. Pursuant office or nagent. I as SIGNATURE                                                                                                                                                                                                                                                                   | to the provisions of Sections, 607 Oblegistered agent, or both, in the Statem familiar with, and accept the oblig<br>Signifian Synd or publications or repotered as<br>OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | pations of, \$<br>enumeries a               | Soution 607 0505,                                          | Florida Statut                                                                                                                                                                                                               | es.                                                                                                                                                | corporation submits this statem<br>poration's board of directors. I have<br>required when remistating)  ADDITIONS/CHANGE | ·<br>                               | DATE                  |                                            |                                                                |
| agent. I a                                                                                                                                                                                                                                                                                                      | m familiar with, and accept the oblig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | pations of, \$<br>enumeries a               | Soution 607 0505,                                          | Florida Statut                                                                                                                                                                                                               | es.<br>gout signalur                                                                                                                               | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        |                                            |                                                                |
| agent. I a<br>SIGNATURE<br>12.                                                                                                                                                                                                                                                                                  | m familiar with, and accept the oblig<br>Signifian typind or position since of repotential<br>OFFICERS AN<br>D<br>BERLINSKY, JAY H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | pations of, \$<br>enumeries a               | Section 607 0505,  speciable (N                            | Florida Statut  Ott Begislered A                                                                                                                                                                                             | es.<br>gont signalur                                                                                                                               | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO                                    | RS IN 12                                                       |
| agent 1 as<br>SIGNATURE<br>12.                                                                                                                                                                                                                                                                                  | m familiar with, and accept the oblig<br>Signifian Spind or political inner of repotents as<br>OFFICERS AN<br>D<br>BERLINSKY, JAY H<br>1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pations of, \$<br>enumeries a               | Section 607 0505,  speciable (N                            | Florida Statut  OTE Begistered A  13.  11 TITLE  12 NAM                                                                                                                                                                      | es.<br>gont signalur                                                                                                                               | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO                                    | RS IN 12                                                       |
| agent fail SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                | The second of the property of the second of  | pations of, \$<br>enumeries a               | Section 607 0505,  Notice the CORS  DELETE                 | Off Registered A  13.  11 TITLE  12 NAM  13 STHE  14 CITY                                                                                                                                                                    | es. gont signalur  E  E  ET ADDRESS -ST-ZIP                                                                                                        | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO<br>Change                          | RS IN 12                                                       |
| agent. 1 at SIGNATURE  112.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                      | The special state of the property of the prope | pations of, \$<br>enumeries a               | Section 607 0505,  speciable (N                            | Off Registered A  13. 11 TITLE 12 NAM 13 STHE 14 GITY 21 TITLE                                                                                                                                                               | es.  Sont signalin  E  IT ADDRESS -ST-ZIP                                                                                                          | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO                                    | RS IN 12                                                       |
| agent. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                                                                                                                                                                                               | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pations of, \$<br>enumeries a               | Section 607 0505,  Notice the CORS  DELETE                 | OIL Required A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM                                                                                                                                                          | es. gont signalur  E  ### ADDRESS -SI-ZIP                                                                                                          | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO<br>Change                          | RS IN 12                                                       |
| Agent. 1 at SIGNATURE  12.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                               | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pations of, \$<br>enumeries a               | Section 607 0505,  Notice the CORS  DELETE                 | OIL Required A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE                                                                                                                                                  | es.  E FT ADDRESS - ST- ZIP  E FT ADDRESS                                                                                                          | e required when reinstating)                                                                                             | ·<br>                               | DATE<br>RS AND        | DIRECTO<br>Change                          | RS IN 12                                                       |
| agent. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP                                                                                                                                                                                     | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 C D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pations of, \$<br>enumeries                 | Section 607 0505,  Approximate (N OHS DETETE               | OIL Tensioned A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 2 4 CITY                                                                                                                                        | es.  E  IT ADDRESS -SI- 7IP  E  ET ADDRESS (-SI-7IP)                                                                                               | e required when reinstating)                                                                                             | ·<br>                               | DATE RS AND           | DIRECTO<br>Change                          | RS IN 12 Addition Addition                                     |
| Agent. 1 at SIGNATURE  12.  117.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GTY-ST-ZIP  TITLE                                                                                                                                                                                            | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pations of, \$<br>enumeries                 | Section 607 0505,  Notice the CORS  DELETE                 | Off Tempered A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE                                                                                                                                 | es.  E E ET ADDRESS -ST-ZIP  ET ADDRESS (-ST-ZIP)                                                                                                  | e required when reinstating)                                                                                             | ·<br>                               | DATE RS AND           | DIRECTO<br>Change                          | RS IN 12                                                       |
| Agent. 1 at SIGNATURE  12.  117.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME                                                                                                                                                                         | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pations of, \$<br>enumeries                 | Section 607 0505,  Approximate (N OHS DETETE               | Florida Statut  13. 11 Title 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM                                                                                                                          | es.  E  IT ADDRESS -S1-7IP  E  ET ADDRESS (-S1-7IP                                                                                                 | e required when reinstating)                                                                                             | ·<br>                               | DATE RS AND           | DIRECTO<br>Change                          | RS IN 12 Addition Addition                                     |
| AGONT. 1 at SIGNATURE  12.  117.E  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                           | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | Section 607 0505,  Approximate (N OHS DETETE               | Florida Statut  13. 11 Tille 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM 33 STRE                                                                                                                  | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  ET ADDRESS                                                                                      | e required when reinstating)                                                                                             | ·<br>                               | DATE RS AND           | DIRECTO<br>Change                          | RS IN 12 Addition Addition                                     |
| AGONT. 1 at SIGNATURE  12.  117.E  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  NAME                                                                                                                                                                           | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pations of, \$<br>enumeries                 | Section 607 0505,  Approximate (N OHS DETETE               | Florida Statut  13. 11 Title 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM                                                                                                                          | es.  E  IT ADDRESS -ST-7IP  E  ET ADDRESS -ST-2IP  E  ET ADDRESS -ST-7IP                                                                           | e required when reinstating) ADDITIONS/CHANGE                                                                            | ES TO OFFICE                        | DATE<br>RS AND        | DIRECTO<br>Change                          | RS IN 12 Addition Addition                                     |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                              | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | Florida Statut  13. 11 Title 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM 33 STRE 34 CITY                                                                                                          | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  -ST-ZIP                                                                  | ADDITIONS/CHANGE                                                                                                         | ES TO OFFICE                        | DATE<br>RS AND        | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE                                                             | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | OTE Tempstered A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM 33 STHE 34 CITY 41 TITLE 42 NAM                                                                                        | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  -ST-ZIP                                                                  | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition                                     |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  NAME  NAME                                                                                                                               | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | OTE Tempstered A  13. 11 TITLE 12 NAM 13 STHE 14 CITY 21 TITLE 22 NAM 23 STHE 24 CITY 31 TITLE 32 NAM 33 STHE 34 CITY 41 TITLE 42 NAM                                                                                        | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS                                                            | ADDITIONS/CHANGE                                                                                                         | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS                       | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | Florida Statut  13. 11 Tille 12 NAM 13 STAE 14 CITY 21 TILE 22 NAM 23 STAE 24 CITY 31 TILE 32 NAM 33 STAE 4 CITY 4 TITLE 4 2 NAM 43 STAE                                                                                     | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  IE  LI ADDRESS -ST-ZIP                                                      | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                          | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | Florida Statut  13. 11 Tille 12 NAM 13 STHE 24 CITY 31 TILLE 32 NAM 33 STHE 34 CITY 41 TILLE 42 NAM 43 STHE 44 CITY                                                                                                          | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  IE  LI ADDRESS -ST-ZIP  IE  LI ADDRESS -ST-ZIP                                                  | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT. 1 at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME                                                 | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | Florida Statut  13. 11 Title 12 NAM 13 STAE 14 CITY 21 TITLE 22 NAM 23 STAE 24 CITY 31 TITLE 32 NAM 33 STAE 4 CITY 4 TITLE 4 2 NAM 43 STAE 4 CITY 5 TITLE 52 NAM                                                             | es.  E  IT ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  IE  LI ADDRESS -ST-ZIP  IE  LI ADDRESS -ST-ZIP                                                  | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT 1 AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP             | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE  DETETE                                             | Florida Statut  13. 11 Title 12 NAM 13 STRE 24 CITY 31 TITLE 32 NAM 33 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM 53 STRE 54 CITY 51 TITLE 52 NAM 53 STRE 54 CITY                                          | es.  gent signatur  E  E  E1 ADDRESS -S1-ZIP  E  E1 ADDRESS -S1-ZIP  IE  L1 ADDRESS -S1-ZIP  E  E1 ADDRESS -S1-ZIP                                 | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change Change Change | RS IN 12 Addition Addition Addition Addition Addition Addition |
| AGONT 1 AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE                                                     | Florida Statut  13. 11 Title 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRE 24 CITY 31 TITLE 32 NAM 33 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM 53 STRE 54 CITY 61 TITLE 54 CITY 55 TITLE 56 NAM 56 STRE | es.  gent signatur  E  E1 ADDRESS -S1-ZIP  E T ADDRESS -S1-ZIP | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change               | RS IN 12 Addition Addition Addition                            |
| AGONT. 1 AI SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE  DETETE                                             | Florida Statut  13. 11 Title 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRE 24 CITY 31 TITLE 32 NAM 33 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM 53 STRE 54 CITY 61 TITLE 62 NAM                          | es.  gent signatur  E  E  ET ADDRESS -S1-ZIP  E  ET ADDRESS -S1-ZIP  IE  L1 ADDRESS -S1-ZIP  E  ET ADDRESS -S1-ZIP  E  ET ADDRESS -S1-ZIP          | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change Change Change | RS IN 12 Addition Addition Addition Addition Addition Addition |
| AGONT I AI SIGNATURE  12. TITLE HAME STREET ADDRESS CITY-SI-ZIP TITLE HAME  | D BERLINSKY, JAY H 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D BERLINSKY, KATHLEEN J 1708 BRIERCLIFF DR. ORLANDO FL 32806 D JOHNSON, MILTON 1708 BRIERCLIFF DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pations of, \$<br>enumeries                 | DETETE  DETETE                                             | Florida Statut  13. 11 Title 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRE 24 CITY 31 TITLE 32 NAM 33 STRE 44 CITY 41 TITLE 42 NAM 43 STRE 44 CITY 51 TITLE 52 NAM 53 STRE 54 CITY 61 TITLE 62 NAM                          | es.  gent signatur  E  E  ET ADDRESS -S1-7IP  E  ET ADDRESS -S1-7IP  II  L1 ADDRESS -S1-7IP  E  ET ADDRESS -S1-7IP  E  ET ADDRESS -S1-7IP          | M.W.JEFFREY                                                                                                              | BROC<br>TREE T                      | RS AND                | DIRECTO Change Change Change Change Change | RS IN 12 Addition Addition Addition Addition Addition Addition |

indicated on this annual report of supplemental annual report is true and docurate and that my signature shall have the same legal effect as it made under oath, that I am a officer or director of the corporation or this 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 aridress.

407-897-1475

**FILED** 

May 07 1998 8:00am

Secretary of State