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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P94000031748 (4)

| Principal Plac                          | e of Business  | SI, INU.            | Mailing Address                       |  |               |   |  |           |              |                        |               |
|---|--|---------------------|---------------------------------------|--|---------------|---|--|-----------|--------------|------------------------|---------------|
| 2927 EDGEWATER DRIVE                    |  |                     | 2527 EDGEWATER DI<br>ORLANDO FL 32904 | 2527 EDGEWATER DRIVE<br>ORLANDO FL 32904     |               |   | DO   | NOT WRIT  | E IN THIS S  | SPACE                  |               |
|   |  |                     |                                       |  |               |   | 3. Date Incorporated or  |           |              |                        |               |
|   |  |                     |                                       |  |               |   | 04/25/1994   |           |              |                        |               |
| 2. Principal P                          | ace of Business  | 2a, Mailing Address |                                       |  | 4. FEI Number |   |  |           | Applied For  |                        |               |
| 21                                      |  |                     | 26                                    |  |               | 59-3240759_                                   |  |           |              | Not Applicable         |               |
| Suite, Apt. #, etc.                     |  |                     | Suite, Apt. #, etc.                   |  |               | 5. Certificate of Status I                    | Desired  |           |              | Additional<br>Required |               |
| City & State                            |  |                     | City & State                          |  |               | Election Campaign F     Trust Fund Contributi |  |           |              | 0 May Be<br>d to Fees  |               |
| Zip                                     | Country<br>25  | -                   | Zip<br>29                             | <b>─</b> ─────────────────────────────────── |               |   | 8. This corporation owes or has paid the current far Intangible Personal Property Tax due June 30. 12 Yes No |           |              |                        |               |
|   | 9. Name and Addres                                     | s of Current I      |                                       | 1441   | Т             |   | 10. Name and Address   |           |              |                        |               |
| YO                                      | UNG, ROBERT D  |                     |                                       |  | 81            | Name  |  |           |              |                        |               |
|   | 3400 GOLF VIEW BLVD. 26/1 Museulwhite ave              |                     |                                       |  |               | Street Ac                                     | ldress (P.O. Box Number is No  | t Accepta | able)        |                        |               |
| APT. 5 ORIGINAL SORDE ORIGINAL FL 30804 |  |                     |                                       |  | $\perp$       |   |  |           |              |                        |               |
| OR                                      | LANDO FL 32004   | OHMILL              | OTL SOUT                              |  | 83            |   |  |           |              |                        |               |
|   |  |                     |                                       |  | 84            | City  |  |           | FL           | <b>85</b> Zi           | ρ Code        |
| office or r<br>agent. I a<br>SIGNATURE  | egistered agent, or both,<br>m familiar with, and acce |                     |                                       |  |               |   | orporation submits this statemer<br>ration's board of directors. I he<br>quired when reinstating)            | reby acce | pot the appo | ointment a             | as registered |
| 12.                                     |  | FICERS AND I        |                                       | 13.  |               |   | ADDITIONS/CHANGES  | TO OFFI   | CERS AND     | DIRECTO                | ORS IN 12     |
| TITLE                                   | Ď  |                     | DELETE                                | 1.11   | ITLE          |   |  |           |              | ☐ Change               | Addition      |
| NAME                                    | Young, Robert (  | )                   |                                       | 1.21   | IAME          |   |  |           |              |                        |               |
| STREET ADORESS                          | 2527 EDGEWATER   | DRIVE               |                                       | 1.3 \$                                       | STREET        | ADDRES\$                                      |  |           |              |                        |               |
| CITY-ST-ZIP                             | ORLANDO FL   |                     |                                       |  |               | T - ZIP                                       |  |           |              | <del></del>            |               |
| TITLE                                   |  |                     | ☐ DELETE                              | 2.1 7  |               |   |  |           |              | Change                 | Addition      |
| NAME<br>STREET ADDRESS                  |  |                     |                                       |  | AME           | *20001.00                                     |  |           |              |                        |               |
| STREET ADDRESS<br>CITY-ST-ZIP           |  |                     |                                       |  |               | ADDRESS<br>ST-ZIP                             |  |           |              |                        |               |
| TITLE                                   |  |                     | DELETE                                | 3.1 7  |               | 51- EIF                                       |  |           |              | Change                 | Addition      |
| NAME                                    |  |                     |                                       | 3.2 1  |               |   |  |           | •            |                        |               |
| STREET ADDRESS                          |  |                     |                                       |  |               | ADDRESS.                                      |  |           |              |                        |               |
| CITY-ST-ZIP                             |  |                     |                                       | 3.4.   | CITY          | ST-ZIP  |  |           |              |                        |               |
| TITLE                                   |  |                     | ☐ DELETE                              | 4.1 1  | TLE           |   |  |           |              | Change                 | Addition      |
| NAME                                    |  |                     |                                       | 4. 2   | NAME.         |   |  |           |              |                        |               |
| STREET ADDRESS                          |  |                     |                                       | 4.3 9  | TREET         | ADDRESS                                       |  |           |              |                        |               |
| CITY-ST-ZIP                             |  |                     |                                       |  |               | 17-71P  |  |           |              |                        |               |
| TITLE                                   |  |                     | ☐ DELETE                              | 5.1 1  |               |   |  |           |              | ☐ Change               | Addition      |
| NAME                                    |  |                     |                                       | 5.2 N  |               |   |  |           |              |                        |               |
| STREET ADDRESS                          |  |                     |                                       | 5.3 9  | TREET         | ADDRESS                                       |  |           |              |                        |               |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

1-110-98

UNI-829-NAM

Addition

**FILED** 

Jan 27 1998 8:00am

Secretary of State