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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000036118 (5)

Principal Place of Business	Mailing Address		
4056 SW MOORES STREET PALM CITY FL 34990	4056 SW MOORES STREET PALM CITY FL 34990		
	THE OTT IE STORY		

FILED May 11 1998 8:00am Secretary of State

Principal Plac 4056 SW MO PALM CITY F	Place of Business	Mailing Address 4056 SW MOORE PALM CITY FL 34 26. Mailing Addre 26 Suite, Apt #, 4	4990 ess		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 05/10/1994 4. FEI Number 65-0513050 5. Certificate of Status Desired	
City & Stat	le `	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] 7p	Country	<u> </u>	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of C	Surrent Registered Agent			10. Name and Address of New Registere	d Agent
	NNER, RONALD D		81	Name		
	56 SW MOORES STREET LM CITY FL 34990		82	Street Add	iress (P.O. Box Number is Not Acceptable)	
PA	LM COTT FL 34990		83	ļ		
			64	City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D Re nner, Ronald D	L_ DEL	,			Change Addition
NAME Street address	4056 SW MOORES STRI	FFT	1.2 NAME			
CITY-ST-ZIP	PALM CITY FL 34990		1.3 STREE 1.4 CITY - 5	ADDRESS		
TITLE		☐ DEL		51-2IF		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		[□ DEL	• • • • • • • • • • • • • • • • • • • •			Change Addition
NAME Street address			3.2 NAME 3.3 STREET	ADDDECO		
CITY-ST-ZIP			3.4 CITY-			Ī
TITLE		☐ DELI				Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		□ or:	4.4 CITY - 5	ST-ZIP		
TITLE NAME		☐ DELI				☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELI				Change Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	certify that the information suppli		6.4 CITY-S		Section 119 07/9/() Florida Statutos Lifurther	

receipt 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 informatic indicated on this annual report or supplementary 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 regions or prostor composed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on a large much will an express.