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

FILED Apr 30 1998 8:00am Secretary of State

			
DOC	JMENT #	P94000036762	(0)

1. Corporation	n Name		000016	<i>(</i> 0)							
DCT O	F O CALA COP	IPORATION							****		
Principal Place	n of Puninger		Mailing Ada	droop				HO 1011 UNI 0111 0111			
Principal Place of Business		-	Mailing Address								
3130 INDIAN TRAIL EUSTIS FL 32728		SUITE 303	877 EXECUTIVE DR. W. GLADES Suite 303								
200110 12 02120			ST. PETERSBURG FL 33702			DO NOT WRITE IN THIS SPACE					
								porated or Qualified	1		
<u> </u>								994			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number				plied For	
Suite, Apt. #, etc.		26 Suite A	Suite, Apt. #, etc.			59-32	00000		\$8.75	ot Applicable	
22			27			5. Certificate	of Status Desired		Fee Re		
City & State	θ			City & State			6. Election C	ampaign Financing		\$5.00	
23	_		28	28				Contribution		Added	
Zip		ountry	Zip	Zip Country			8. This corporation owes or has paid the current year Intangible				
24]	25		29 30				Personal Property Tax due June 30.				
			nt Registered Ag	ent	81	Name 💋		Address of New F	tegistered	Agent	
	ISCARA, ERNEST 7 EXECUTIVE CE		ECT			Name /4	ichael	K.SM	nt	ĺ	
	ADES BUILDING,		ESI		82	Street Addres	ss (P.O. Box Nu	mber is Not Accept	able)		
	. PETERSBURG F				83	2(3	U LIV	+1a ~ 1	rai i	•	
0 1.	. I CILIIODONO I	L 00102			<u> </u>						
					84	City 5	usti	٠,	FL	85 Zip (326
11. Pursuant t	to the provisions of	Sections 607.050	02 and 607 1508,	Florida Statute	es, the above-	named corpo	ration submits th	nis statement for the		changing it	s registered
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or replaced 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. Lam tamiliar with, and accept the obligations of Section 607.05:05, Florida Statutes.								registered			
SIGNATURE	Mit X								1/18	198	
	Signature, typod or printed		ent and title if applicable	(NOTE	: Registered Agent	signature required		OUNNOES TO OF	DATE /	DIDECTOR	0 141 40
TITLE	DPST	OFFICERS AN		DELETE	13. 1.1 TITLE		ADDITIONS	/CHANGES TO OFF	ICERS AND	Change	Addition
NAME	SMITH, MICHA	AEL R	-		1.2 NAME						
STREET ADDRESS	AAAA MIDIAN YOAD					1.3 STREET ADDRESS					
CITY-ST-ZIP	E USTIS FL 32	726			1.4 CITY-ST-						
TITLE			1	DELETE	21 TITLE					Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2 3 STREET AC	DRESS					
CITY-ST-ZIP	· -=				2. 4 CITY - ST -	ZIP		· · · · · · · · · · · · · · · · · · ·			
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NAME					3.2 NAME						İ
STREET ADDRESS					3.3 STREET AL						
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NAME			·	-1 peceut	4.1 HILE 4. 2 NAME		\			Onlings	LJ ROGIIION
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NAME					5.2 NAME			•			
STREET ADDRESS					5.3 STREET AL	DRESS		•			
CITY-ST-ZIP				_	5.4 CITY - ST -	ZIP					
TITLE				DELETÉ	6.1 TITLE					Change	Addition
NAME					6.2 NAME	1					
STREET ADDRESS					6.3 STREET AC						
CITY-ST-ZIP					6.4 CITY - ST -	ZIP					!

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.

200,2006