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

DOCUMENT # P94000040940 (6)

May 15 1998 8:00am Secretary of State

FILED

1. Corporation J.J.A.P	e of Business	Mailing Address 12769 WEST FOREST H								
12769 WEST FOREST HILL 12769 WEST FOREST HILL SUITE E			LL			1				
WELLINGTON	I FL 33414	WELLINGTON FL 33414	· ·			DO NOT WRITE IN THIS SPACE				_
US		U\$ 				3. Date Incorporated or Qualified 05/26/1994				
2. Principal F	Place of Business	2a. Mailing Address 26	├── ₁			4. FEI Number 65-0560016		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional Required	1
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	1
Zip	Country		Zip Country			 	_=-			┨
24	25	29	30			B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No				
	9. Name and Address of Cu		1991	_		10. Name and Address of New Ro				1
PC	ORRO, HILDA M			61	Name					1
12769 W FOREST HILL			f	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			\dashv
	E E		ļ	83		·				4
WI	ELLINGTON FL 33414		İ	83						
			ſ	84	City		FI	85 Zip	Code	٦
11. Pursuant office or agent. I a						oration submits this statement for the on's board of directors. I hereby acce	purpose of the ap	of changing pointment a	its registered is registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS				segistered Agent signature require 13.		ADDITIONS/CHANGES TO OFFI		D DIRECTO)RS IN 12	⊣g
TITLE	D			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change		3
NAME	DYE, P B			ME	1					3
STREET ADDRESS	12769 WEST FOREST HILI	l blvd suite e	1.3 STF	1.3 STREET ADDRESS						Ì
CITY-ST-ZIP	WELLINGTON FL			1.4 CITY-ST-ZIP					~ 	_ §
TITLE	S PORRO, HILDA M	☐ DELETE	2.1 TITLE		ļ			Change	Addition	1
NAME STREET ADDRESS	12769 WEST FORREST HI	22 NA		longree	•					
CITY-ST-ZIP WELLINGTON FL			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							1
TITLE		DELETE	3.1 TIT		-			Change	Addition	1
NAME	· -		3 2 NA	32 NAME						
STREET ADDRESS]		3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP				3.4. CITY - ST - ZIP						_
TITLE				4.1 TITLE				L Change	Addition	1
NAME			1	4. 2 NAME						
STREET ADDRESS				4.3 STREET ADDRESS						1
CITY-ST-ZIP TITLE				1.4 CITY - ST - ZIP 5.1 TITLE			•	Change	Addition	1
NAME			5.2 NA	ſ						
STREET ADDRESS	1		1	5.3 STREET ADDRESS						1
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	1
NAME			6.2 NAME							
STREET ADDRESS					LODRESS (
CITY-ST-ZIP 64C 14. I hereby certify that the information supplied with this filing does not qualify for the ex-				Y-ST-		410.03(0)(0)	F	- 45 - 21 - 1 - 2	1.5	4
14. I hereby	certify that the information supplied	a with this tiling does not qualify f	or the exer	mpti	on stated in S	section 119.07(3)(i), Florida Statutes.	turther c	ertify that th	e information	

nitrocated on this artifular 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 attanhment with an address.