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 # P94000042382 (9)

AKSELL & VARGO, P.A.

Principal Place of Business Mailing Address

Walling Address

FILED May 13 1998 8:00am Secretary of State



200 SOUTH KNOWLES AVE Winter Park FL 32789 US		P.O. BOX 2126 Winter Park FL 32780-2126		DO NOT WRITE IN THI	S SPACE		
					3. Date incorporated or Qualified 05/31/1994		
2. Principal Pl	lace of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number	AE	plied For
21		26			59-3247387	Nc	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			9. Continuate of States Desired	Fee Re	quired
City & State	Đ	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	У	This corporation owes or has paid the or		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
	g. Name and Address of Curr	ent Registered Agent	8	. Т	10. Name and Address of New Registers	d Agent	
VARGO, VICKI M				Name			
200 S. KNOWLES AVENUE			8:	Street Add	dress (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789							
			8	5			
			84	City		85 Zip (Code
					<u>F</u>		
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	les, the abor	ve-named cor ov the corpora	rporation submits this statement for the purpose ation's board of directors. I bereby accept the a	of changing it	s registered registered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Fi	orida Statute	9S.	ation's board of directors. I hereby accept the a		. 19.0,0,0
SIGNATURE							
	Signature, typed or printed name of registerisci agent and title if applicable (NOTE:			gent signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VPD	DELETE	1.1 TITLE			Change	Addition
NAME	VARGO, VICKI M		1.2 NAME				
STREET ADDRESS	200 S. KNOWLES AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-	ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	aksell, allan c		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST- 2IP			
TITLE	DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	.			
STREET ADDRESS			3.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY	- ST - ZIP			
TITLE	☐ DELETE		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAM	ε			
STREET ADDRESS			4.3 STREE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY				j
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME	.			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE			6.1 TITLE			Change	Addition
NAME		-	6.2 NAME				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			6.4 CITY	51-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 trustoe 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.

SIGNATURE

Syan C April

ALLAN C. AKSERL

4/29/98

407-740-5255