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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043590 (6)

DOUGLAS V. SLINKARD, P.A.

FILED May 11 1998 8:00am Secretary of State



_	- 11					
Principal Place of Business Mailing Address						41000 11100 21110 10.11 2011 1001
3325 NE 40TH CT. 717 EAST OAK STREET						
FT. LAUDERDALE FL 33308		KISSIMMEE FL 34744			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/06/1994	
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For
21		26			65-0502417	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	· • · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Registers	ad Agent
8'	WART, HARRY J		81	Name		
7		82	Street	Address (P.O. Box Number is Not Acceptable)		
	ISSIMMEE FL 34744		[- 100 - 100 recorded to record recorded to	
•			83	9		
			<u></u>			les la Tip Codo
			84	City	F	85 Zip Code
11. Pursuan	t to the provisions of Sections 607	0502 and 607.1508, Florida Statut	les, the abov	/e-named	corporation submits this statement for the purpose	e of changing its registered
office of	registered agent, or both, in the St	ate of Florida, Such change was a	authorized b	y the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	appointment as registered
		mgamons or, beendinger losses, inc	orica olaraic	, Б.		,
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOT	E Registered A	ent signature	s required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	APST	DELETE	1.1 TITLE		P,S,T,D	X Change ☐ Addition
NAME	SLINKARD, DOUGLAS V		1.2 NAME		Slinkard, Douglas V.	
STREET ADDRESS			1.3 STREE	T ADDRESS	3325 NE 40th Court	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZIP	Fort Lauderdale. FL 33308	
TITLE		DELETE	2.1 TITLE			Change Addition
NAME	1		2.2 NAME		1	
STREET ADDRESS	. [2 3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE	E.··		Change Addition
NAME		—	4.2 NAME			-
STREET ADDRESS	.]			T ADDRESS		
CITY-ST-ZIP			4.4 CITY-1			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	.]			T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE	 	DELETE	6.1 TITLE	DI-TH,		Change Addition
NAME			6.2 NAME			- Consider the control of
						Į
STREET ADDRESS	1			T ADDRESS		
CITY-ST-ZIP	certify that the information supplies	d with this filing does not qualify to	64 CITY-		Led in Section 119 07(3\(\text{i}\)) Florida Statutes I further	certify that the information
14. I Dereby	-certily that the information supplier d on this annual recort or suppliere	o with this thing tibes not quality to	or the exemp	ulon State nat my sio	ed in Section 119.07(3)(i), Florida Statutes. I further	under cath: that I am an

of this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.