2.11-98 B 1878 C 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

Principal Place 808 \$ US 1 FT. PEIRCE F	ETHNIC BOOKS & GIFT	Mailing Address 606 S US1 FT. PEIRCE FL 34950			
US		US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				06/13/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	5. uSI	26]		65-0498347	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		A Floring Countries Francisco	Fee Required
	erce FL	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24 34 95			30	Personal Property Tax due June 30	Yes No
<u> </u>	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
MOSLEY, JANET 608 S US 1					
FT. PIERCE FL 34950			82 Street Addr	ess (P.Ö. Box Number is Not Acceptable)	
]	712/102 / 2 7 1000		83		
ļ			84 City		85 Zip Code
			1 1	FI	L '
11. Pursuant l office or re agent I at	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m lamiliar with, and accept the obj	502 and 607,1508, Florida Statute te of Florida Such change was au igalione of Gection 607,0505, Flor	s, the above-named corp uthorized by the corporati ida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE		e de la	·	ad when reinstalling) DATE	8
12.	Signature typod or ponted name of replicered a OFFICERS A	ND DIRECTORG (NOTE	Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
WILE	P	DELETE	1.1 TITLE	1.00111010/01/01/01/01/01/01/01	☐ Change ☐ Addition
. SUME	Mosley, Janet		1.2 NAME		
STREET ADDRESS	608 S US 1		1.3 STREET ADDRESS		
CFY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP		
TRE		☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE	W. 4	Change Addition
HAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Closes D Guerra
TITLE NAME		☐ DETEIR	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-\$T-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·	DELETÉ	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME		LJ DELETE	6.1 TITLE 6.2 NAME		Li cusude Li Addition
STREET ADDRESS	•		63 STREET ADORESS		

14. Thereby 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 furstee 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 or an attachment with an address.

2-2-98

Feb 11 1998 8:00am

Secretary of State