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

STREET ADORESS

Block 12 or Block 13 if changed, or a

CITY-\$1-ZIP

FILED Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATION 1998 **DOCUMENT #** P94000047311 Mailing Address 1704 NORTH DONNELY ST. 1704 NORTH DONNELY ST. **MOUNT DORA FL 32757 MOUNT DORA FL 32757** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1994 2. Principal Place of Business 2a. Mailing Address Applied For 30817 Not Applicable East ridge Terrace 21 59-3251210 Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Ζφ 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HARDEN, ALLEN J 1704 N. DONNELLY ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MOUNT DORA FL 32757** <u>Sast ridge</u> 83 84 >orrento 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both the statement for the purpose of changing its registered office or registered agent, or both the provisions of Section 607.0505, Florida Statutes SIGNATURE LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 11 TITLE HARDEN, ALLEN J NAME 1.2 NAME **606 NORTH TREMAIN ST.** STREET ADDRESS 13 STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-7(P 14 City - St - ZiP Change DELETE Addition TITLE 2111111 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY- ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 3.1 THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(IY-SI-Z)F DELETE 5.1 1IILE Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS Ø CHTY-ST-ZIP 5.4 CHY-S1-ZIP DELETE Change Addition TITLE 61 TITLE 100002545841 NAME 6.2 NAME -06/03/38--01042--037

6.3 STRELT ADDRESS

6.4 CHY - S1-ZIP 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 is supplied entails true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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

***550.00

5-7-98