## 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 # P9400048702 (2)

CLAUDIA G. PIERCE, P.A.

SIGNATURE:

Principal Place of Business

40 S.W. 12 ST., SUITE C-202

OCALA FL 34474

Mailing Address

40 S.W. 12 ST., SUITE C-202

OCALA FL 34474

## FILED Apr 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified	
<u> </u>	5				06/24/1994	<del></del>
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Side And A state		26		59-3260442	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	5. Certificate of Status Desired Security Securi	
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
<del></del>		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	'	8. This corporation owes or has paid the curre	
24	25	29	30			Yes No
	9. Name and Address of Current	Redistered Adeut	81	Name	10. Name and Address of New Registered Ag	jent
PIERCE, CLAUDIA G				INGINO		
40 S.W. 12 ST., SUITE C-202			82	Street A	Address (P.O. Box Number is Not Acceptable)	
OCALA FL 34474			83	ļ. <u>.</u>	<del></del>	
			63			
			84	City	FL	85 Zip Code
44 Diversion	to the provisions of Sections 607 0505	and 607 1609 Florida Status	ton the above	L	corporation submits this statement for the purpose of c	handing its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorized by	the corpo	oration's board of directors. I hereby accept the appoi	ntment as registered
SIGNATURE	Signature, typod or printed name of registered agen	I and title if applicable (NO	TE Registered Ag	ent signature r	required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	PIERCE, CLAUDIA G.		1,2 NAME		•	
STREET ADORESS	NOORESS 40 SW 12TH STREET, SUITE C-202		1.3 STREET	ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-5	31- ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME	1		2.2 NAME	ļ		
STREET ADDRESS	s <b> </b>		2.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		2. 4 CITY-	ST-ZIP		
TITLE	DELETE			_	T	Change Addition
NAME	<b>}</b>		3.2 NAME			
STREET ADDRESS	s <b> </b>		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	[		
STREET ADDRESS	; <b> </b>		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST - ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	]	•	
STREET ADDRESS	ş <b>†</b>		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP		
TITLE		DELETE	6.1 TITLE	- ]		Change Addition
NAME			6.2 NAME	Ì		
STREET ADDRESS	s		6.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY -			
14. I hereby indicate officer of Block 1;	r certify that the information supplied wild on this annual report or supplemental or director of the corporation or the received or the corporation or the received or on an attack.	th this filing does not qualify to annual report is true and activer or trustee empowered to the annual with an address.	for the exemple curate and the execute this audia	etion stated at my sign report as	d in Section 119.07(3)(i), Florida Statutes. I further cert nature shall have the same legal effect as if made unde required by Chapter 607, Florida Statutes; and that my	ify that the information er oath; that I am an y name appears in

3/26/98

352-237-8766