## 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 # P94000049518 (1)

| TOLIGIBILITIES.                               |   |  |  |  |
|---|---|--|--|--|
| Principal Place of Business                   | Mailing Address                               |  |  |  |
| 154 W. GRANADA BLVD.<br>ORMOND BEACH FL 32174 | 154 W. GRANADA BLVD.<br>ORMOND BEACH FL 32174 |  |  |  |

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

| FUETC  | n Name<br>HA, INC.  |   | 010 (1)                                   |   |  |   |  |
|--|---|---|---|---|--|---|--|
| Principal Place of Business Mailing Address  |   |   |   |   | - I SOOTIINAT EEN EDALE OLDIT BALET BALET BA   | ini milati milili ibibi milili ita              | BY IBII (B3)   |
| 154 W. GRANADA BLVD. 154 W. GRANADA BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174  |   |   |   |   |  |   |  |
|  |   |   |   |   |  | IN THIS SPACE                                   |  |
|  |   |   |   |   | 3. Date Incorporated or Qualified 06/30/1994   |   |  |
| 2. Principal P   | face of Business  | 26. Má<br>26  | ailing Address                            |   | 4, FEI Number<br>59-3259195  | <del>   </del>                                  | plied For<br>t Applicable                            |
| Suite, Apt.  | #, etc  | Su<br>27  | ite, Apt. #, etc.                         |   | 5. Certificate of Status Desired   | □ \$8.75 /<br>Fee Re                            |  |
| City & State   | е   | Cit <b>28</b>   | y & State                                 |   | 6, Election Campaign Financing<br>Trust Fund Contribution                                    | \$5.00 Added t                                  |  |
| Zip  | Count   | ry Zıçı   | )   | Country   | 8. This corporation owes or has pa   | id the current year Int                         | angible  |
| 24   | 25  | 29  |   | 30  | Personal Property Tax due June   |   | No   |
|  |   | ess of Current Registere  | d Agent                                   | 81 Name   | 10. Name and Address of New Re   | gistered Agent                                  |  |
|  | SKEEP, BRENT A  | _   |   | 81 Name   |  |   |  |
|  | 4 W. Granada Blvi<br>Mond Beach Fl 3:                                   |   |   | 82 Street Add   | dress (P.O. Box Number is Not Acceptab   | ole)  |  |
| <b>U</b>   |   |   |   | 83  |  |   |  |
|  |   |   |   | 84 City   |  | FL 85 Zip (                                     | Code   |
| 11. Pursuant office or r   | to the provisions of Soc<br>egistered agent, bot                        | tions 607 0502 and 607.1<br>h, in the State of Florida.                             | 508, Florida Statuti                      | es, the above-named cor   | rporation submits this statement for the pation's board of directors. I hereby acceptation's | ourpose of changing it                          | s registered   |
| agent I a  | ım latoiliar with, and acc  | cept the obligations of, Sc   | ection 607.0505, Flo                      | rida Statutes.  | ation's board of directors. Thereby accep  | or the appointment as                           | registered   |
| SIGNATURE  | Den   | + //llm   | 145/                                      |   |  |   | registered   |
| SIGNATURE  | Signature (ped) printed nur   | e of rightfored agent and fille it app  | phoable (NOT                              | F: Provitored Agent signature requ  | uired when reinstating)  | DATE  | ···  |
| SIGNATURE  | Signature (ped) printed nur   | + //llm   | phoable NOT<br>RS                         |   |  | DATE  | ···  |
| SIGNATURE  | Signature vised printed nur   | or massived agent and title it app<br>DEFICERS AND DIRECTO                          | phoable (NOT                              | F: Programme Agent signature requi  | uired when reinstating)  | DATE<br>CERS AND DIRECTOR                       | S IN 12  |
| SIGNATURE  12.  TITLE  | Signature (food) printed nam  | The of rightimed right and title 4 and DIRECTO                                      | phoable NOT<br>RS                         | 13.,  | uired when reinstating)  | DATE<br>CERS AND DIRECTOR                       | S IN 12  |
| SIGNATURE  12.  TITLE  NAME  | Signature (Ned ) printed nurr PVPT INSKEEP, BRENT                       | The of registered repend and title of any<br>DEFICERS AND DIRECTO<br>A<br>PRE BLVD. | phoable NOT<br>RS                         | 13. 1.1 TITLE 1.2 NAME  | uired when reinstating)  | DATE<br>CERS AND DIRECTOR                       | S IN 12  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  | Signature (Led ) printed nur<br>PVPT<br>INSKEEP, BRENT<br>1415 OCEANSHO | The of registered repend and title of any<br>DEFICERS AND DIRECTO<br>A<br>PRE BLVD. | phoable NOT<br>RS                         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | uired when reinstating)  | DATE<br>CERS AND DIRECTOR                       | S IN 12  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature (Led ) printed nur<br>PVPT<br>INSKEEP, BRENT<br>1415 OCEANSHO | The of registered repend and title of any<br>DEFICERS AND DIRECTO<br>A<br>PRE BLVD. | PS DELETE                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP   | uired when reinstating)  | DATE CERS AND DIRECTOR Change                   | S IN 12  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE   | Signature (Led ) printed nur<br>PVPT<br>INSKEEP, BRENT<br>1415 OCEANSHO | The of registered repend and title of any<br>DEFICERS AND DIRECTO<br>A<br>PRE BLVD. | PS DELETE                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE   | uired when reinstating)  | DATE CERS AND DIRECTOR Change                   | S IN 12  |
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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE   | Signature (Led ) printed nur<br>PVPT<br>INSKEEP, BRENT<br>1415 OCEANSHO | The of registered repend and title of any<br>DEFICERS AND DIRECTO<br>A<br>PRE BLVD. | PS DELETE                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE   | uired when reinstating)  | DATE CERS AND DIRECTOR Change                   | S IN 12  |
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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 of 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 of an attachment with an address.