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

FILED May 19 1998 8:00am Secretary of State

DOCUI 1. Corporation	MEN I n Name ASSISTAN		9400	004	1987	9 (7)								
Principal Place of Business					Mailing Address					{	II	00)(10() 01(II DEGIŲ POIDE ITALI	18419 18 11 1881
5959 CATTLEMEN LN					5959 CATTLEMEN LN									
SARASOTA FL 34232					SARASOTA FL 34232						DO NOT	MOITE IN T	HIS SPACE	
										3 Date Incor	porated or Qua		NIS STACE	
										07/06/1	•	aliniou		
2. Principal P	ace of Busin	ness		2a. Mailing Address						4. FEI Number				Applied For
						26					04480		⊢ —+	Not Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.								60.7	Additional
22					27					5. Certificate	of Status Desir	ed 🗌		Required
City & State					City & State					6. Election C	ampaign Finan	eing	\$5.0	O May Be
23 SARASOTA FL					28 '					Trust Fund	Contribution			d to Fees
Zip a	7/	Count			Zip		Count	ry		8. This corpo	ration owes or	has paid th		Intangible
24 34:			SA	29			30	·- ··· -· -		-	roperty Tax du		¥ Yes	□ No
			es of Curre	nt Regis	slered Age	nt		1 Name		10. Name and	Address of N	ew Registe	ored Agent	
WILLIAMS, JANIS M									l					
5959 CATTLEMEN LN								2 Street	Addres	ss (P.O. Box Nu	mber is Not Ac	ceptable)		-:-
SARA S OTA FL 34232								3 /	127	7000	WAY			
							*	3						
								4 City	SAR	ASUTA			FL	Code /2 3 /2
11. Pursuant	to the provis	ions of Sec	tions 607.05	02 and 6	307.1508, F	lorida Statut	es, the abo	ve-named	corpo	ration submits th	nis statement fo	r the purpo	se of changing	its registered
agent. La	m iam iliar w	th, and ac	cept the obliq	e or rion gations o	of, Section 6	60 7.050 5, Fi	orida Statut	es.	рогано	ration submits the in's board of dire	actors. I nereby	accept me	appointment :	as registered
SIGNATURE	Xa	sus /	$\eta \omega \omega$	les	دنو							4/.	19/58	
	Signature, typed		e of registered ag			(NO?		gont eignatur	e required	t when re-installing)			NTE	
12.	<u> </u>	············	DEFICERS AN	AO DIHE	CIORS	DELETE	13.		r	ADDITIONS	/CHANGES TO	OFFICERS	AND DIRECTO	
TITLE	P SAMELIAL	IC IANIC	м		L_] DEFENE	1.1 TITLE						Kar -cuang	e Addition
·····	WILLIAMS, JANIS M STREET ADDRESS S959 CATTLEMEN LN				1.2 N			et address	يب ر		1 1100	,		
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CITY-ST-ZIP TITLE	grinnot	JIN FL 34	232		<u>-</u>	DELETE	1.4 CITY 2.1 TITLE		3/7	THE CHANGE			Change	Addition
NAME					_	1 Dett it	2.1 VIII.0						L. Orang	. C WOULDIN
STREET ADDRESS							1	et address						
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CITY-ST-ZIP							3.4 CITY							ļ
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NAME							4. 2 NAM	E						Ī
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CITY-ST-ZIP							4.4 CITY	ST-ZIP						
TITLE						DELETE	5.1 TITLE						Change	Addition
NAME							5.2 NAM		1					
STREET ADDRESS							5.3 STRE	et address						
CITY-ST-ZIP							5.4 City	ST - ZIP						
TITLE						DELETE	6.1 TITLE						Change	Addition
NAME							6.2 NAM							i
STREET ADDRESS							6.3 STRE	ET ADDRESS						l
CITY-ST-ZIP							6.4 CITY							
14 I beceby o			P		riting and a second	not auglikut	41			action 110 07/21	Ch. Physical Colors			

receive sering measure information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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 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.

(qu) 953-6112