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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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Principal Place of Business Malling Address								I (COLEDA) IID (DI) OIDH EDHI DDII	ODANI DOMEN D	ilii es iid iitii d	LIBE (III IBE)	
8121 PLANTATION DR B121 PLANTATION DR ORLANDO FL 32810 ORLANDO FL 32810 US								DO NOT WRITE IN THIS SPACE				
			•					3. Date Incorporated or Qualified			-	
								07/01/1994				
2. Principal Place of Business			_	2a. Mailing Address				4. FEI Number		— + ~··	pplied For	
Suite, Apt. #, etc.			26 Suite, Apt.	Suite, Apt. #, etc.				NOT APPLICABLE			ot Applicable Additional	
22			27	hamman in the contract of the				5. Certificate of Status Desired			equired	
City & State			City & State	City & State				6. Election Campaign Financing			May Be	
23		T	28		0			Trust Fund Contribution			to Fees	
Zip 24	Country Zip		2 (P	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
Z4	9, Name	25 and Address of Cu	urrent Registered Agent		۳			10. Name and Address of New f				
R	OSILLO, FR	RANK			81	Name						
8405 NW 53RS ST						62 Street Addr		s (P.O. Box Number is Not Accept	able)			
A-205												
M	iami FL 33	166			83							
					84	City				85 Zip	Code	
44 Durayast	to the provide	sions of Castions 607	0502 and 607 1509 Fig	rido Ctatudos A	lbo obou	a pamad		ration as horita this statement for the	FL		to registered	
office or agent. I a	registered a: am familiar w	gent, or both, in the S ith, and accept the c	State of Florida. Such cha	ange was auth	orized by	v the corp	poration	ation submits this statement for the n's board of directors. I hereby acc	ept the ap	pointment as	registered	
		min, and accept the c	Diligations of Section 60	7.0505, Florida	a Statute	S.						
SIGNATURE												
ĺ		d or printed name of register	and spent and title if applicable BAND DIRECTORS					when reinstating) ADDITIONS/CHANGES TO OFF	DATE			
SIGNATURE	Signature, types	d or printed name of register OFFICERS	ed agent and title if applicable		gistered Ag			when reinstating)	DATE			
SIGNATURE	Signature typos D MALTA	d or printed hame of registers OFFICERS	ed agent and title if applicable S AND DIRECTORS	(NOTE Re	gistered Age			when reinstating)	DATE	D DIRECTOR	RS IN 12	
SIGNATURE 12. THLE	Signatura, typo D MALTA #624 1	OFFICERS BES, KENNETH 112TH MAPLE OAI	ed agent and title if applicable S AND DIRECTORS C CR.	(NOTE Re	gistered Age 13. 1.1 TITLE	ent signature		when reinstating)	DATE	D DIRECTOR	RS 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 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.

SIGNATURE: Xennetti Mattalia KEWETH MALTREES 4/6/98 407-875-0977