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 Apr 21 1998 8:00am

Secretary of State

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2. Principal Place of Business 3. Certificate of Status Desired	ot Applicable Additional equired May Be to Fees tangible No
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24	No No
RICHEY, JAMES H 516 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 81 Name 82 Street Address (P.O. Box number is Not Acceptable) 83 Representation of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0505, Florida Statutes.	2#4
516 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935 B2 Street Address (P.O. Box fumber is Not Acceptable) B3 B4 City Course FL 85 Zip 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE	p#4
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agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE	ts registered registered
	rugioto.co.
Signature: typed or pend data-me of trip-stered agent and bit of applicable: (NOTE: Registered Agent signature required whon reinstating): DATE 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	20 141 22
TITLE VP DELETE 111TILE Change	Addition
NAME SCHOFF, WALTER P 1.2 NAME	
STREET ADDRESS 2080 HIGHLAND AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 1.4 CITY-ST-ZIP	
TITLE P DELETE 2.1 TITLE Change	Addition
NAME SALAMIS, TERRY 22 NAME	
STREET ADDRESS 4854 VERONA CIRCLE 2.3 STHEET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 2 4 CITY-ST-ZIP	
THILE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 33 STREIT ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TILE L DELETE 41 TITLE	
NAME 4. 2 NAME	
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CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE	Addition
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STREET ADDRESS 5.3 STREET ADDRESS	
5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. Thereby certify that the information supplied with this filling close not qualify for the examples stated in Section 119.07/200 Florida Statutes 1.5 other parties that the	
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; the 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 an	information
Block 12 or Block 13 if changed, or on an attachment with an address	at Iam an