FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058184 (0)

Principal Place 2400 SE MIDE SUITE 128 PORT ST. LUC	PORT RD	Mailing Address 2400 SE MIDPORT RD SUITE 126 PORT ST. LUCIE FL 34	952		
US		US		3. Date Incorporated or Qualified 08/05/1994	
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0511294	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible X Yes No
00	g. Name and Address of Curre RDON, TERRY J	nt Registered Agent	81 Name	10. Name and Address of New Registe	ored Agent
2400 MIDPORT ROAD S.E. STE. 126 PORT ST. LUCIE FL 34952			82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
SIGNATURE	Signature, your drawinted name of registered as	ERRY V. GOI	Ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the board of directors of hereby accept the board of directors. I hereby accept the board of directors. I hereby accept the board of directors of hereby accept the board of directors.	3-17-98 ATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPO GORDON, TERRY J 2400 SE MIDPORT RD. STE. PT. ST. LUCIE FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ALDINONO IN THE STATE OF THE ST	Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	STD GORDON, GAIL 2400 SE MIDPORT RD SUITI PORT ST LUCIE FL	☐ DELETE E 128	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition

A. 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 received by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.