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

00073656 (8) DOCUMENT #

FILED Feb 27 1998 8:00am Secretary of State

Onand	E AND GONE SHELL IN	ار			
Principal Plac	e of Business	Mailing Address		- I SOOTIOES ISO SOUL BADII OOLIK OOLIK OOLI	'I GATAL HADDA HIND ELLAR DINID DHA 1981
901 SOUTH ORANGE AVENUE ORLANDO FL 32606		901 SOUTH ORANGE AT ORLANDO FL 32806	VENUE		
		• · · · · · · · · · · · · · · · · · · ·		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		10/03/1994 4. FEI Number	Applied For
21	inde di Eddiness	26		59-3275523	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			CO 75 Astallar and
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	*1'	Trust Fund Contribution	Added to Fees
Zip	Country	η Zip	Country	8. This corporation owes or has pai	
24	25 g, Name and Address of Cur	[29]	30	Personal Property Tax due June 10. Name and Address of New Reg	
00		Tom Hogistorea Agont	81 Name	10, Name and Address of New Yor	Jiatorou Agorit
GRIGGS, DONALD S 2540 MEADOW/IEW CIRCLE					· · · · · · · · · · · · · · · · · · ·
WINDERMERE FL 34786			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
''"	DETIMENETE TO 01700		83		
			84 City		les 75 Codo
			1 7		FL 85 Zip Code
1	(11)	Z 1	utes, the above-named con authorized by the corpora Florida Statutes.	rporation submits this statement for the patients board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of registere-	Lagrout had talle Bupplicable (NC	OTL: Registered Agent signature requ	ured when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P POLICE POLICE	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRIGGS, DONALD	-	1.2 NAME		
STREET ADDRESS	2540 MEADOWVIEW CIRCI WINDEMERE FL	Ŀ	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WWW.MENE PL	DELFTE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		C Dittil	2.1 TITLE 2.2 NAME		C Stronge Myddition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DLLFTE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		

14. Thereby 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 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 conjugation 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS

2/24/92

407 656-4015