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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P9400078709 (0)

FILED Apr 29 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							i itt Larti paais aa	31 8 18 41 18 3 1
13052 COMPTON ROAD 13052 COMPTON ROAD					J			
LOXAHATCH	IEE FL 33470	LOXAHATCHEE FL 334	70		DO NOT WRIT	E IN THIS	SPACE	
					3. Date Incorporated or Qualified		-	
					10/25/1994			
2. Principal	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		A	oplied For
n		26			65:0528961		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional aquired
City & Sta	ate	City & State			8. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	lry	8. This corporation owes or has p	aid the cu	irrent year Ini	tangible
24	25	29	30		Personal Property Tax due Jun	e 30.	Yes [] No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered	Agent	
CI	HANCELOR, BILLY		6	Name				
	3052 COMPTON ROAD		8	Street Add	dress (P.O. Box Number is Not Accepta	able)	 -	
L	DXAHATCHEE FL 33470		L			<u> </u>		
			8	33				
			8	14 City			85 Zip	Code
				'		<u>FL</u>	- I I	
agent. I SIGNATURE					poration submits this statement for the ation's board of directors. I hereby accounted when reinstating)	DATE		
12.	OFFICERS A	ND DIBECTORS	13.		ADDITIONOLOU LANGEO TO OFF		D DIRECTOR	DC IN 12
ŦITLE		· · · · · · · · · · · · · · · · · · ·			ADDITIONS/CHANGES TO OFF	ICEHS AN		
	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	ICEHS AN	Change	Addition
NAME	CHANCELLOR, BILLY	· · · · · · · · · · · · · · · · · · ·			ADD:11ONS/CHANGES TO OFF	ICEHS AN		
NAME Street address	CHANCELLOR, BILLY 13052 COMPTON ROAD	· · · · · · · · · · · · · · · · · · ·	1.1 TITLE 1.2 NAM		ADDITIONS/CHANGES TO OFF	ICEHS AN		
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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 arrival 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 trustice 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.

SIGNIATURE T

Sill lan.

KU1801

561-295-36/