## 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

Principal Place of Business	Mailing Address
5798 SHADY BROOK WAY	5799 SHADY BROOK WAY

**FILED** May 13 1998 8:00am Secretary of State

ָּטְ	Corporation  JDKELN		# P9400	007904	42 (5)	)			
Prin	cipal Place	e of Busines	s	Mailing Ad	dress				
5798 SHADY BROOK WAY SARASOTA FL 34243				5799 SHADY BROOK WAY SARASOTA FL 34243			DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified	
2	Oringinal D	lace of Busin	nose	2a Mailine	Address			10/27/1994 4. FEI Number Applied For	
21	TRIOIPE	pal Place of Business 2a. Mailing Address 26					4. FEI Number Applied For Not Applicable		
	Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
	City & State	<del></del>		City &	State			6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
24	Zip		Country 25	2ip		Country 30	f	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You	
44		9, Name	and Address of Curre		gent	1301		10. Name and Address of New Registered Agent	
	BA	KER, DIAN	AL		<del></del>	81	Name		
	5798 SHADY BROOK WAY					82	82 Street Address (P.O. Box Number is Not Acceptable)		
ı	SA	rasota f	L 34243			83	<del> </del> -		
						84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-r							e-named o	corporation submits this statement for the purpose of changing its registered	
	office or re agent. I a	e <b>giste</b> red ag m <b>fa</b> miliar w	gent, or both, in the Stat ith, and accept the obliq	e of Florida Such pations of, Sectio	n change was n 60 <b>7.0</b> 505, F	authorized by Torida Statute	y the corp s	poration's board of directors. I hereby accept the appointment as registered	
SIG	NATURE	Signature, typed	for printed name of registered as	ent and trie if apolicate	le (NC	TE Repislered Age	ent signature t	required when reinstating) DATE	
12.				ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		PDT		<del></del>		1.1 TITLE		Change Addition	
	NAME BAKER, JAMES E			1.2 NAME		ļ			
_	STREET ADDRESS 5798 SHADY BROOK WAY					ADDRESS			
TITLE	-ST-ZIP	ZIP SARASOTA FL VDS			DELETE	1.4 CITY - ST - ZIP  DELETE 2.1 TITLE		Change Addition	
NAM	1	BAKER, DIANA L			2.2 NAME			La Diango La Madillon	
STRE	STREET ADDRESS 5798 SHADY BROOK WAY			2.3 STREET		ADDRESS	<u>'</u>		
CITY	TY-ST-ZIP SARASOTA FL			2.4 CITY-5		ST-ZIP	<u> </u>		
TITLE	i			DELETE 3.1		3.1 TITLE	_ [	Change Addition	
NAM	1				3.2 N				
_	ET ADDRESS	•		3.3 STREET		'			
TITLE	ST-ZIP				3.4. C(TY - 1 4.1 T(TLE	SI-ZIP	Change Addition		
NAMI	I				4.2 N			La vinigo La resilion	
	ET ADDRESS					4.3 STREET	ADDRESS		
CITY	-\$7-ZIP					4.4 CITY - S	T-ZIP		
TITLE					DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAMI						5.2 NAME	1		
	ET ADDRESS					5.3 STREET	- 1		
	ST-ZIP				DELETE	5.4 CITY-S	IT-ZIP	Donner Lauren	
TITLE					DELETE	61 TITLE		Change Addition	
	NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS				
	ST-ZIP					6.3 STREET	- 1	, · · · · · · · · · · · · · · · · · · ·	
14,	I hereby c	ertify that th	e information supplied y	vith this filing doc	s not qualify	for the exemp	tion stated	d 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.