## 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 **FILED** 

Apr 15 1998 8:00am

Secretary of State

1	MEN 1 # P9400 END, INC.	0079787 (5	)					
Principal Plac	ce of Business	Mailing Address			1 HORDINADI AND HOUSE BIRTH DAVID BOTH G		11 <b>4</b> 18111 18 <b>48</b> 1 (	4(1) (60) (60)
224 128TH AVE. EAST MADEIRA BEACH FL 33708		224 128TH AVE E MADEIRA BCH FL 33708 US		DO NOT WRIT	E IN THIS	S SDACE		
		US			3. Date Incorporated or Qualified		OFFICE	
					10/31/1994			
<u>⊢</u> ≒ '	Place of Business	2a. Mailing Address			4. FEI Number	-	1	Applied For
21		26			59-3283012			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	<u></u>		5. Certificate of Status Desired			Additional
City & State		27	City & State					Pequired
23	e		28		6. Election Campaign Financing			May Be
Zip	Country	Zip	Countr	v	Trust Fund Contribution  8. This corporation owes or has p			to Fees
24	25	29	30	,	Personal Property Tax due Jun			No No
	9. Name and Address of Curre		1991		10. Name and Address of New R			
l u	OYD, JOANNA		81	Name			-	
224 128 AVE. EAST			82	Street Add	dress (P.O. Box Number is Not Accepta	hleì		
MADEIRA BEACH FL 33708								
i			83	1				
]			84	City			<b>85</b> Zip	Code
## Burnings	to the provisions of Coolings CD7 DE	00 and 007 45 00 51 and 6 000				<u>FL</u>	_ 1 1 1	
	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida Such change was gations of, Section 607.0505, f	authorized b Florida Statute	y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose o	if changing pointment as	its registered s registered
SIGNATURE	Signature typnid or printed name of registered ag	gent and title if applicable (NC	OTE: Registered Ag	ent signature requ	ured when reinstating)	DATE	<del></del>	
12.	OFFICERS AF	13.		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	LLOYD, JOANNA		1.2 NAME					
STREET ADDRESS	224 128 AVE. EAST		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CITY-	ST- ZIP				
TITLE	P	DELETE	2.1 TITLE				Change	Addition
NAME	LLOYD III, HOWARD HUNTLI	21	2.2 NAME					
STREET ADDRESS	224 128TH AVE MADEIRA BCH FL		2.3 STREET	i				
CITY-\$T-ZIP	INFOCIFIC BOTT L	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	,		Change	Addition
NAME			3.2 NAME				LI Onange	
STREET ADDRESS			3.3 STREET	ADDRESS				İ
CITY-ST-ZIP			3.4. CITY -					
TITLE		DELETE	4.1 TITLE	-			Change	Addition
NAME			4. 2 NAME				_ •	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	ST - ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

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 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.