## PROFIT CORPORATION ANNUAL REPORT

FLUHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000081680

LAW OFFICES OF SIDNEY L. VIHLEN, III, P.A.

Principal Place of Business

Mailing Address

2180 Sanlando Center 2180 W. S.R. 434, Ste 1136 Longwood, FL. 32779

P.O. Box 161554 Altamonte Springs, Florida 32716-1554

**FILED** May 28 1998 8:00am Secretary of State

3a. Date of Last Report

3. Date incorporated or Qualified

(407)

786-2200

11/04/1994

	Place of Business Spring Centre S.	28. Mailing Address 28. Post Office	Box	4. FE Number Applied For Not Applied For Not Applied For	
ļ <del></del>	h Blvd. Suite C	Suite, Apt. #, etc. 27 161554	DOX,	Certificate of Status Desired     Sa.75 Additional Fee Required	
City & Stat	18	City & State		6. Election Campaign Financing 55.00 May Be	
23 Alta	monte Springs, FL	28 Altamonte S	prings,	FL Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24 3271	4 25 U.S.	29 32716-155430	U.S.	Florida Statutes Yes 🚹 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
			81 Name	HLEN, SIDNEY L., III	
	N, SIDNEY L.		82 Street /	Address (P.O. Box Number is Not Acceptable)	
2180 Sanlando Center				3 Spring Centre South Blvd.	
2100 Hobe bint 4547 buzes 1150					
Longwood, Florida 32779 84 City en 85 Zig Code					
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.					
SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE:					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P,D	DELETE	1.1 TITLE	P, T, D X Change Addition	
NAME	VIHLEN, SIDNEY L	TTT	1.2 NAME	Vihlen, Sidney L. III	
STREET ADDRESS	2180 West S.R. 4		1.3 STREET ADDRESS	1173 Spring Centre S. Blvd. Ste. C	
CITY-ST-ZIP	Altamonte Spring	s. Florida	1.4 CITY - ST - ZIP	Altamonte Springs, FL 32714	
TITLE		DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS	}		2.8 STREET ADDRESS		
CITY-ST-24P			2.4 CITY - ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	Change Addition	
NAME		L 00001E	4.2 NAME	C colonida C seconda	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME	200002543432	
STREET ADDRESS	•		5.3 STREET ADDRESS	200002543432 -06/02/9801018002	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***1S0.00	
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6 2 NAME	(-24)	
STREET ADDRESS			6.3 STREET ADDRESS	$\sum_{A \in \mathcal{A}} A = \sum_{A \in \mathcal{A}} A = \sum_{A$	
TY-ST-ZIP	no artiful had the lefernation as a feet	Ordina dia dia mandria dia dia mandria	6.4 CITY-ST-ZIP		
4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida sizuals. 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 office of the corporation or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, 9/by/an attachment with an address.					

III > PRESIDENT

HAME OF BIOMING OFFICER OR DIRECTOR