FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

FILED May 08 1998 8:00am Secretary of State

· ·	MENT # P940 0 ST, INC.	00084336 (4)			
Principal Place	e of Business	Mailing Address		- I ANNIANA IIA INIIL NALL ANNI ENIN ENIN NAIN INI	
HWY 77 (6923) SOUTHPORT FL 32409 US		P.O. BOX 8080 SOUTHPORT FL 32409 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	ace of Business	2a. Mailing Address	····	11/16/1994 4. FEI Number	AB-4F-
21	ace of pushioss	26 Maining Address		59-3281504	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		a. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the cu	
24	9. Name and Address of Cur	rent Registered Apent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
DAVIS, REBECCA J			81 Name	IV. Hallo and Hudibas of from Hogistorou	Agent
	7 N. DEER HAVEN ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	UTHPORT FL 32409				
			63		:
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	les, the above-named cor	rporation submits this statement for the purpose c ation's board of directors. I hereby accept the app	of changing its registered
agent. I a	m familiar with, and accept the of	oligations of, Section 607.0505, Fi	orida Statutes.	anorta board of directors. Thereby accept the app	politiment as registered
SIGNATURE	Signature, typed or printed name of registered	Learners and lifte if applicable (NO)	E Registered Agent signature requ	uured when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME CYDECY MODDEDS	TOOLE, ROGER B 7423 SOUTH DEER HAVE	I DOAD	1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	SOUTHPORT FL 32409	י אטאט	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	DAVIS, REBECCA J		2.2 NAME		
STREET ADDRESS	7423 SOUTH DEER HAVE	N ROAD	2.3 STREET ADDRESS		
CITY - ST - ZIP	SOUTHPORT FL 32409	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		[Dittil	3.2 NAME		L Change L Muditoli
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$1-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CFTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S1-ZIP			64 CITY-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I further co	

Indicated on this annual report or supplied with this limit does not quality for the exemple stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied with this 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.

4-30-98

850-271-0505