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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF CONTROL OF CONTR

## FILED Mar 24 1998 8:00am Secretary of State

				<b>i (10)</b> (10) (10) (10) (10)
Principal Place of Business	Mailing Address		- I TRACLEBUE HIN FRITT BLAIL BOLLA DAKER BOHIT ORIH	a lalah 11801 31111 83111 8611 1881
1254 HIGHWAY ATA	1254 HIGHWAY A1A			
SATELLITE BEACH FL 32937	SATELLITE BEACH FL	32937		
			DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	I at the state of		12/16/1994	
<u> </u>	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap1 #, etc.	Suite, Apt. #, etc.	<del></del>	65-0547679	Not Applicable
22]	<del>                                      </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		C Clastica Compaign Financias	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes No
g, Name and Address of Current			10. Name and Address of New Register	ød Agent
PRIMAVERA, JOHN F		81 Name	71	
1254 HIGHWAY A1A		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SATELLITE BEACH FL 32937		bz) Street Addi	ress (F.O. Box Number is Not Acceptable)	
		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508, Florida Stat	ules, the above-named corp	poration submits this statement for the purpos	e of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby accept the	appointment as registered
1	mons of adenom cov.caca, i	ionda Statutes.		
Signature, lyped or professionard of registered ages	of and trie if applicable (N	OFE Registered Agent signature requir	red when reinstating) DAT	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	
TITLE D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PRIMAVERA, JOHN F		1.2 NAME		
STREET ADDRESS 1254 HIGHWAY A1A		1.3 STREET ADDRESS		
CITY-ST-ZIP SATELLITE BEACH FL 32937		1.4 CITY - ST - ZIP		1
TITLE	☐ DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		\ \
TITLE	☐ DELETE	3.1 TITUE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		Į
City-St-ZiP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				_
l		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		j

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 arn an officer or director of the corporation or the receiver or furstee 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.

SIGNATURE

Im FPrencision

3-18-98 4077773367