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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 04 1998 8:00am Secretary of State

	MENT # P9500 EADOWS DEVELOPMENT (OTHE HER MED ON DOME HIS FED.
Principal Plac	e of Business	Mailing Address			DOARD ANGLE NAMED NA
1606 W HIBI		1688 W HIBISCUS BLVI)		
MELBOURNE FL 32801 MELBO		MELBOURNE FL 32901		DO NOT HIDITE IN THE DO NOT	
US		US		DO NOT WRITE IN THI	S SPACE
				 Date Incorporated or Qualified 01/04/1995 	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3291652	Not Applicable
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	,	U. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Z ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the operational Property Tax due June 30.	Yes No
241	9. Name and Address of Curre		1301	10. Name and Address of New Registere	
E/	ANS, ARTHUR F IN		81 Name		
	88 W HIBISCUS BLVD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ELBOURNE FL 32901		Oli Ost Pick	dieas (1.0. box Horriser la Horracopitable)	
			83		
			84 City		85 Zip Code
			1 1 7	proporation submits this statement for the purpose ation's board of directors. I hereby accept the a	L '
SIGNATURE	Signature, bysed or printed name of registered as OFFICERS AT	ND DIRECTORS	E: Registered Agent signature req	juired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	EVANO ADTHIB E M	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	EVANS, ARTHUR F III 1688 W HIBISCUS BLVD		1.2 NAME 1.3 STREET ADDRESS		
City-St-Zip	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	EVANS, HUGH M JR	_	2.2 NAME		_ • -
STREET ADDRESS	1688 W HIBISCUS BLVD				
CITY-S1-ZIP	A SEL BALIBALE EL		2.3 STREET ADDRESS		
	MELBOURNE FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE	VP -	☐ DELETE			Change Addition
NAME	VP PENCE, HERSCHEL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADORESS	VP PENCE, HERSCHEL 3115 DIXIE HWY	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP PENCE, HERSCHEL 3115 DIXIE HWY PALM BAY FL		2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
NAME STREET ADORESS CITY-ST-ZIP TITLE	VP PENCE, HERSCHEL 3115 DIXIE HWY PALM BAY FL ST	☐ DELETE	2 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition Change Addition
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP PENCE, HERSCHEL 3115 DIXIE HWY PALM BAY FL ST PENCE, ROY		2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME		
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officer or director of the coupont or suppremental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the coupont on the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charcopyl, or or an attachment with an address.