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

DOCUMENT # **P95000007065** (2)

Principal Place 1231 ARDEN LONGWOOD	ILTING WITH A BALANCE e of Business St.	Ma 12	iling Address 21 ARDEN ST. DNGWOOD FL 32750				DO NOT WRI	•	•	
							3. Date Incorporated or Qualified		SPACE	
							01/23/1995	,		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ар	plied For
SAAG		26	<u> </u>				59-3295773		No	t Applicable
Suite, Apt	#, elc.	ļ	Suite, Apt. #, etc.				5. Certificate of Status Desired	\ \\	\$8.75 A	
22 Coto 8 State		27	Cat. P. Ctota						Fee Re	····
City & State	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country		Zip	Countr	y		8. This corporation owes or has	paid the cu		
24	25	29		30			Personal Property Tax due Jur		Yes 🕽	No
	g, Name and Address of Curr	ent Regist	ered Agent				10. Name and Address of New F	tegistered	Agent	
KO	SMAC, VINCENT E			61	Nan	10	NA			
1231 ARDEN ST.				62	Stre	et Addr	ess (P.O. Box Number is Not Accept	able)		
LO	NGWOOD FL 32750			83	 					
				0.0	'i					
				84	City		***************************************	FL	85 Zip (Code
44 Ourcuant	to the provisions of Sections 607.0	502 and 60	7 1509 Florida Ctatu	tor the abov	1	od core	paration submite this statement for the			c registered
SIGNATURE	Signature, typed or printed name of registered	- sgent and title if	Lapplicable (NO	It. Registered Ac			oration submits this statement for the ion's board of directors. I hereby accord when reinslating)	DATE		
12.	OFFICERS A	IND DIREC	DELETE	13.		г	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	S IN 12
TITLE	D Kosmac, Vincent e		L.J DECETE	1.1 TITLE		1			Change	L. Addition
NAME	1231 ARDEN ST.			1.2 NAME						
STREET ADDRESS	LONGWOOD FL 32750			1.3 STREE		8				
CITY-ST-ZIP TITLE	LONGWOOD IL SEISO		DELETE	1.4 CITY- 2.1 TITLE	\$1-2IP				Change	Addition
NAME				2.2 NAME		ł				
STREET ADDRESS				2.3 STREE						
CITY-ST-ZIP				2 4 CITY		~				
TITLE 4		~	DELETE	3.1 TITLE	<u> </u>				Change	Addition
NAME (3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRES	s				
CITY-SY-ZIP				3.4. CITY	ST-ZIP	ĺ				
TIFLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.1 TITLE		1			Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRES	ss				
CITY - S1 - ZIP				4.4 CITY-	ST-ZIP					
TITLE			DELETE	5 1 TITLE					Change	Addition
NAME				52 NAME		- 1				
STREET ADDRESS				5.3 STREE	T ADDRES	s				
CITY - ST - ZIP				5.4 CITY-	ST-ZIP					
TITLE			DELETE	6.1 TITLE					Change	Addition
ALA S AC	İ			CONMIC		1				

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 of an attachment with an address.

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE.

STREET ADDRESS

That

VINCENT E. KosMAC

4/12/44 407-834-1216

FILED

Apr 17 1998 8:00am

Secretary of State