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

P95000010554 (0)

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

AY 1ST IS \$550.00 FILED CORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS Secretary of State Secretary of State

NEW ENA DEVELOPMENT	conr.	
Principal Place of Business	Mailing Address	E SABILADO FLO SAFAL ADRIL ADRIL ADRIL ADRIS BRIDI SEDES BRIDE BRI
997 W KENNEDY BLVD SUITE A25	997 W KENNEDY BLVD SUITE A25	DO NOT WRITE IN THIS SPACE

URLANDO FL 32810 ORLANDO FL 32810						BO NOT WITTE IN THIS OF AC	<u> </u>				
									3. Date Incorporated or Qualified	-	
									02/06/1995		
2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number	Applied For			
21			26						59-3299194	Not Applicable	3
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.						3.75 Additional Fee Required	
City & State			28	City & State				5.00 May Be Added to Fees	-		
24	Zip	Country 25	29	Zip	30	Country	У		This corporation owes or has paid the current Personal Property Tax due June 30. Yes		
	g. Name	and Address of Current	Regis	stered Agent					10. Name and Address of New Registered Agen	t in the second	
LAVELLE, PATRICIA			81		Name		2				
997 W KENNEDY BLVD SUITE A25					82		Street Addres	ss (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32810			83								
						84	-	City	FL 85	Zip Code	
	Constant to the second	lane of Continuo CO7 DECC	and G	OZ 1500 Elevido Statut	oo th	a abou	-	nomed seres	rection authorite this statement for the nurnees of about	ging its registered	$\overline{}$

office or re agent. I a	egistered agent, or both, in the State of Flori m familiar with, and accept the obligations or	da. Such change was f, Section 607.0505, Fi	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered agent and title		E: Registered Agent signature requi	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	LAVELLE, PATRICIA		1.2 NAME	
STREET ADDRESS	997 W KENNEDY BLVD A25		1,3 STREET ADDRESS	
City-St-ZIP	ORLANDO FL 32810		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 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 TITLE	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-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-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-ST-ZIP			6.4 CITY-ST-ZIP	