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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthagh

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011813 (9)

WILLIAM N. FOX, C.P.A., P.A.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
79851 OVERSEAS HIGHWAY P.O. BOX 2030							
ISLAMORADA FL 33036 ISLAMORADA FL 33036						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified]
ł						02/09/1995	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21		26				65-0564609	Not Applicable
Suite, Apt #, etc Suite, Apt #, etc.							\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		7ip Country				Trust Fund Contribution	Added to Fees
Zip	hang ' hang' hang			ntry		8. This corporation owes or has paid the cu	rrept'year Intangible ☑ Yes ☐ No
24	25 9. Name and Address of Curren	29	30			Personal Property Tax due June 30. 10, Name and Address of New Registered	T
		it trogratered Agent		81	Name	10, Harris Bills Addition of How Hogistalist	rigon.
FOX, WILLIAM N 79851 OVERSEAS HIGHWAY							
			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
	SLAMORADA FL 33036			83			
				84	City	=:	85 Zip Code
44 Durayant	to the manifolding of Scotland COZ OF O	O and CO7 1500 Florida State	uton tho of		nonvad so	Character automia this statement for the number of	t changing its registered
office or r agent. I a	ogistored agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607,0505, F	authorized Iorida Stati	d by utes	the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed turne of registered age	aloutile (a	III . Desistance	1 4 400	t and to rea	uired when reinstating) DATE	
12.	OFFICERS AN		13.	i ngu	it signatore requ	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	PD DELETE			1.1 TITLE		PD	Change
NAME	town transfer makes made		1.2 NA	1.2 NAME		WILLIAM N FOX, CPA /	'
STREET ADDRESS	-87200 OVERSEAS HWY, T-	1.3 STREET AD		ADDRESS	4901 OCEAN TERRACE		
CITY-ST-ZIP	ISLAMORADA FL:		1.4 CITY-ST		- ZIP	4901 OCEAN TERRACE MARATHON, FL 3305	0
TITLE	DELETE 2.1		2.1 TIT	LE		☐ Change ☐ Addition	
NAME	2.2		2.2 NA	.2 NAME			
STREET ADDRESS	RESS		2.3 \$1	2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP		······································	
TITLE		☐ DELETE	3 1 111			•	L_ Change L_ Addition
NAME			3.2 NA				[
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE			3.4. CI 4.1 TIT		- ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME		L_J OLLCIE	4.2 N/				C CHOING C MUNICION
STREET ADDRESS					ADDRESS		ļ
CITY-ST-ZIP			4 3 ST				
TITLE		DELETE	51 TIT		* 2)[Change Addition
NAME		_	5.2 NA				
STREET ADDRESS					NDDRESS		
CITY-ST-ZIP			5.4 CIT				
TITLE			61 1(1				Change Addition
NAME			6 2 NA	ME			
STREET ADDRESS			63 \$10	REET A	ADDRESS		
CITY-ST-ZIP			6 4 01	Y-ST	· ZIP		
DITT-DI-ZH 1							

I hereby 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 supplienced at 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 on an attachment with an address.

4/20/98