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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000021778 (2)

## **FILED** May 28 1998 8:00am Secretary of State

MR. FR	UIT, INC.										
Principal Place	e of Business	Mailing Address					e santibus tia inini peni abiti najar angre al	II( <b>0</b> (100: 1)4	11 10 <b>0</b> 11 100	101 1011 1991	
11310 S ORANGE BLOSSOM TRAIL 11310 S ORANGE BLOSS				L		]					
SUITE 191 SUITE 191 ORLANDO FL 32837 ORLANDO FL 32837							DO NOT WRITE IN	THIS SPA	CE		
ONDANDO I E	VEYO:	OND WED IT GETS				<u> </u>	3. Date Incorporated or Qualified				1
							03/17/1995				
2. Principal Pi	ace of Business	2a. Mailing Address					4. FEI Number			pplied For	]
21		[26]					59-3301831			ot Applicable	1
Suite, Apt.	#, <b>0</b> 1C.	Suite, Apt. #, etc.				5. Certificate of Status Desired	י כ		Additional equired		
City & State	·····	City & State				6, Election Campaign Financing			May Be	1	
23		28]					Trust Fund Contribution	]	Added!		
Zip	Country	Z(p)	Cou	intry			8. This corporation owes or has paid the	ne curren			1
24	25	29	30				Personal Property Tax due June 30.			No	
	9. Name and Address of Curre	ent Registered Agent		21			10. Name and Address of New Regist	ered Age	nt		┨
	CHIE, MARTIN A			81	Name						ļ
11310 S ORANGE BLOSSOM TRAIL				В2	Street A	ddres	s (P.O. Box Number is Not Acceptable)				1
	TE 191			83							┨
URI	LANDO FL 32837		i								
				84	City			FL	35 Zip	Code	
SIGNATURE	to the provisions of Sections 607.05 agistered agent, or both, in the Staten familiar with, and accept the obli-						ation submits this statement for the purp is board of directors. I hereby accept the when reinstating)	ose of ch e appoin	anging it ment as	ts registered registered	
12.		ND DIRECTORS	13.	o zigen	ii s grisiore re	equied	ADDITIONS/CHANGES TO OFFICER		RECTOR	RS IN 12	
TITLE	D	DELETE	1,1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	5
NAME	RITCHIE, MARTIN A			1.2 NAME							3
STREET AODRESS	M TRAIL, SUITE 191	1.3 STREET ADORESS								Š	
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CI	1Y-S1	- 7IP						18
TETLE	D	4		21 THLE				L	Change	Modifion	١
NAME				2.2 NAME							
	STREET ADDRESS  11310 S ORANGE BLOSSOM TRAIL, SUITE 191  ORLANDO FL 32837			2.3 STREET ADORESS 2. 4 City-St-Zip							1
CITY-S1-ZIP TITLE	UNLANDO FL 32031	DELFTE	2. 4 C		I - Z(P				Change	Addition	1
NAME			3.1 N		ļ				Aura Ma		1
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-ST	ı						
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NAME			4. 2 N	AME							
STREET ADDRESS			4.3 \$1	REET A	ADORESS						
CITY-ST-ZIP			4.4 CI	1 <b>Y-S</b> I	- ZIP					<u></u>	
TITLE		DELETE	5.1 71		[				Change	Addition	-
NAME			5.2 N	AME							
STREET ADDRESS			5 3 SI	REET A	ADDRESS						
CITY-ST-ZIP				TY-ST	- ZIP			····	04	<b>1 6</b> 2 2 10 1	-
TITLE		L DELETE	6.1 TF					Ц	Change	☐ Addition	
NAME			6.2 N/								
STREET ADDRESS					DDRESS						
CITY-ST-ZIP	ortifu that the information running	with this filips does not availed		TY-ST		i in Sa	ction 110 07/9Vi). Florida Statutas I furt	hor partif	that the	information	4

r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 by the analtachip by that is paddys.