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 # P95000022367 (3)

EVER CHANGING TIMES, INC.

FILED

Apr 23 1998 8:00am

Secretary of State

Principal Place	of Business	•

525 S. CR 427 SUITE 149 LONGWOOD FL 32750 Mailing Address

353 WEKIVA COVE ROAD LONGWOOD FL 32779

LONOWOOD FL 32750			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualified	
					03/20/1995	
	lace of Business	2a. Mailing Address	, ,	~ .	4. FEI Number	Applied For
21	1 64st 1+ Itamente) 26	44 MY	Duck.	59-3304650	Not Applicable
Suite, Apt	#. OIC. Utamonte Springs	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	, T	City & State	<. ·		6. Election Campaign Financing	\$5.00 May Be
23	<u>_PC_</u>	28 A (tamonte	-7143	, PC	Trust Fund Contribution	Added to Fees
ー ^{Zip} つつ	Country	Zip	Countr	ý	8. This corporation owes or has paid the cu	_ ' _ "
24 5 d	19 25 Semonia	29 32701	30	maile.		_ Yes
	9. Name and Address of Current	t Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent
	REZ, RICARDO			Ivanie	•	
	WEKIVA COVE ROAD		82	Street A	Address (P.O. Box Number is Not Acceptable)	
LO	NGWOOD FL 32779		83	1		
				<u> </u>		
			84	City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the abov	re-named (cornoration submits this statement for the nurnose o	f changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obline	of Florida Such change was dions of Section 607.05 05 =F	authorized b lorida Statule	y the corp is.	oration's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	The A	\mathcal{R}		ner	4/15/0	,
	Signature, typind or printed name of registered as		TE: Registered Ag	ent signature i	required when reinstaling) ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D D	☐ DELETE	1.1 TITLE	1		Change Addition
NAME	PEREZ, RICARDO		1.2 NAME	1	us on A Albanish Oaks	
STREET ADDRESS	\$53 WEKIVA COVE ROAD			T ADDRESS	IIAI IEROT ITITIONALIO	
CITY-ST-ZIP	LONGWOOD FL 32779	Drure	1.4 CiTY-	S1 - ZIP	1121 East Altamente Daie Altamente Springs, FC 82301	T 1 00 1 1 44490
TITLE		☐ DELETE	21 THTLE		• -	☐ Change ☐ Addition
NAME			22 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		☐ DELETE	2 4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		L Detere	3.1 TITLE		•	Change C Moulton
NAME			3.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-	S1-202		Change Addition
NAME		LJ bettir	4.1 NAME			Change Accention
STREET ADDRESS				T ADDRESS		
1						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE	51 · ZIP		Change Addition
NAME			5.2 NAME			المستور المستور المستور المستور
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		DELETE	6.1 TITLE	J1 211		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY OF 710			C.A CITY	J		

14. 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 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 touslee 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.