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 # P95000027342 (1)

	e of Business	Mailing Address							
21536 SEATO	a).	21536 SEATON AVE							
PT CHARLOTTE FL 33954 PT CHARLOTTE FL 33954						DO NOT WRITE IN THIS	SPACE		
	•					3. Date Incorporated or Qualified	OF AUL		
						04/03/1995			
2. Principal f	Place of Business	2s. Mailing Address				4, FEI Number		Applied For	
ูล ่	26					65-0555278		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
				_		5. Certificate of Status Desired	Fee F	Required	
	City & State City & State			_		6. Election Campaign Financing		May Be	
3		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	1		8. This corporation owes or has paid the cu	_ ′		
4	25 29 30 9. Name and Address of Current Registered Agent							□ No	
		rrent Hegistered Agent	81	Nam		10. Name and Address of New Registered	Agent	····	
	REENE, JOAN		6'	Name	в				
265 TAMIAMI TR				Stree	t Addre	ress (P.O. Box Number is Not Acceptable)			
PUNTA GORDA FL 33954				 					
			83						
			84	City		FI	85 Zir	Code	
				<u> </u>		oration submits this statement for the purpose on's board of directors. I hereby accept the ap	-		
SIGNATURE	Signature typed or printed name of registered	•	OTE Registered Ag						
TITLE	D	DELETE	1.1 TITLE		T^{-}	110011101101111111020100111101111	Change	Addition	
NAME	DUNN, DENNIS A			1.2 NAME				_	
STREET ADDRESS	21536 SEATON AVE		1.3 STREET	ADDRESS	;				
CITY-ST-ZIP				1.4 City-St-ZiP					
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	DUNN, DEBORAH	, DEBORAH		2.2 NAME					
STREET ADDRESS	21536 SEATON AVE		2.3 STREET	ADDRESS	;				
CITY-ST-ZIP	PT CHARLOTTE FL 33954		2.4 CITY-	ŠT-ZIP					
TITLE	D	DELETE	3.1 TITLE				Change	Addition	
NAME	DUNN, DENNIS A II		3.2 NAME						
STREET ADDRESS	204 MALLORY AVE		3 3 STREET	ADDRESS	; [
CITY-ST-ZIP	PT CHARLOTTE FL 33952		3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	41 TITLE				Change	Addition	
NAME									
STREET ADDRESS			4. 2 NAME						
			4.2 NAME 4.3 STREET						
CITY-ST-ZIP				ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.3 STREET	ADDRESS			☐ Change	Addition	
		☐ DELETE	4.3 STREET 4.4 City-5	ADDRESS			☐ Change	☐ Addition	
TITLE		☐ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE	r address St-ZIP	<u> </u>		Change	☐ Addition	

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 or an attachment with an address

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

■ DELETE

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

Addition

FILED

May 08 1998 8:00am

Secretary of State