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 #

	ADERSHIP CENTRE, INC.	JUZ1421 (U)			
Principal Place of Business		Mailing Address		I (BBI)İDDİ (18 IDID) BIJIL BBILI BBILI BBILI BBILI	16866 18040 01846 18811 1881
907 SWEETBRIER DRIVE DELTONA FL 32725		907 SWEETBRIER DRIVE DELTONA FL 32725			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/03/1995	
	2. Principal Place of Business 2a. Mailing A			4. FEI Number	Applied For
21	H ata	26 Suite Act # etc		59-3338848	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Currer	29 Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
AHC.		it tradistored wheth	81 Name	10. Italie Eliu Addiass Di Itaw Hagistei	ou Ayom
	NICOLAI, RALF E 907 SWEETBRIER DRIVE			tdress (P.O. Box Number is Not Acceptable)	
DELTONA FL 32725			82 Street Ac	doress (P.O. Box Number is Not Acceptable)	
			83		
•	•		84 City		. 85 Zip Code
			1 1	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	•L_ `
SIGNATURE	Signature, typed or punted name of registered ago		TE Registered Agent signature rea	quired whon reinstating) DAT:	<u> </u>
TITLE	PCEO	DELETE	13. 1.1 MILE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	NICOLAI, RALF E		1.2 NAME		- · ·
STREET ADDRESS	907 SWEETBRIER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY - ST - ZIP		
TITLE	COB	☐ DELETE	2.1 TITLE		Change Addition
NAME	CROSBY, PHILIP		2.2 NAME		
STREET ADDRESS	164 PALMER WINTER PARK FL 32789		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MALIEN LULAY LE SELOS	DELETE	2. 4 CITY - ST - ZIP 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 TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 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			63 STREET ADDRESS		

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 change 1, or on an attachment with an address.

2-U-98

FILED

Apr 24 1998 8:00am

Secretary of State