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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1998

## **FILED** Apr 27 1998 8:00am Secretary of State

2699 LEE RD. SUITE 200         2699 LEE RD. SUITE 200           WINTER PARK FL 32789         DO NOT WRITE IN THIS SPACE           3. Date Incorporated or Qualified         06/06/1995           2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Applied For	incipal Disease of Business	0045324 (7)	T-00-		
WINTER PARK FL 32789  WINTER PARK FL 32789  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  06/06/1995  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified  06/06/1995  4. FEI Number 59-3320951  Not Applied For Not Applied For Not Applied For Not Applied For Per Required  City & State 27  City & State 28  City & State 29  20  Country 21  Country 21  Country 22  Country 35.00 May Be Added to Fees  Trust Fund Contribution Added to Fees  Applied For Not Applied Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Added to Fees  Added to Fees  Added to Fees  Applied For Not Applied Fee Required  City & State  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No North Macholia AVE SUITE 201  ORLANDO FL 32789  81  Name 82  Street Address (P.O. Box Number is Not Acceptable)  83  City FL  85  Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statutes the above-named corporation submits this statement for the purpose of changing its register	incipal Place of Business	Mailing Address			
DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  06/06/1995  2. Principal Place of Business  2. Mailing Address  4. FEI Number  59-3320951  Not Applied For Not Applied  59-3320951  Suite, Apt #, etc.  27  City & State  City & State  City & State  City & State  Country  28  Country  29  29  30  Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  LOUY, ARTHUR R  801 NORTH MAGNOLIA AVE SUITE 201  ORLANDO FL 32789  83  City City  City					
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. FEI Number 3. Suite, Apt #, etc. 3. Suite, Apt #, etc. 4. FEI Number 59-3320951 50 Not Applied 50 Certificate of Status Desired 50 Certificate of Status Desired 50 Certificate of Status Desired 51 Certificate of Status Desired 52 Certificate of Status Desired 53 Certificate of Status Desired 54 Certificate of Status Desired 55 Certificate of Status Desired 65 Certificate of Status Desired 66 Election Campaign Financing 67 Trust Fund Contribution 67 Added to Fees 68 This corporation owes or has paid the current year Intangible 69 Personal Property Tax due June 30. Yes No 69 Name and Address of Current Registered Agent 60 Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 Street Address (P.O. Box Number is Not Acceptable) 64 City 65 Certificate of Status Desired 66 Certificate of Status Desired 67 Status Desired 68 City FL 68 Zip Code 68 City 69 Country 60 Country 61 Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 City 64 City 65 Certificate of Status Desired 65 Certificate of Status Desired 66 Certificate of Status Desired 67 Office of Status Desired 68 City Status Desired 68 Certificate of Status Desired 68 City Status Desired 68 City Status Desired 68 City Status Desired 69 City Status Desired 60 City Status Desired 60 Certificate of Status Desired 61 Name Status Desired 61 Name Status Desired 61 Name Status Desired 62 City Status Desired 63 Certificate of Status Desired 64 City Status Desired 65 Certificate of Status Desired 65 Certificate of Status Desired 65 Certificate of Status Desired 66 City Status Desired 67 Certificate of Status D	INIEN PANK FL 32/04	MINIEH PARK FL 32/89		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt #, etc  Suite, Apt #, etc  Suite, Apt #, etc  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  2. Suite, Apt #, etc  Since Applied Form  5. Certificate of Status Desired  Fee Required  Form I was added to Fees  Fee Required  Fee Requir				3. Date Incorporated or Qualified	·· ·
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt #, etc  Suite, Apt #, etc  Suite, Apt #, etc  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  2. Suite, Apt #, etc  Since Applied Form  5. Certificate of Status Desired  Fee Required  Form I was added to Fees  Fee Required  Fee Requir				06/06/1995	
Suite, Apt W. etc.    Suite, Apt W. etc.   Suite, Apt W. etc.	Principal Place of Business	2a. Mailing Address			Applied For
State   City & City & City   City &					lot Applicable
City & State  Country  Country  Country  Country  Country  State Country  Sta	Suite, Apt. #, etc.	<b>⊢</b>		I & Contingate of Status Desired	
Trust Fund Contribution Added to Fees    Zip	City 9 Ctate				<del></del>
Zip Country Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  LOUV, ARTHUR R 801 NORTH MAGNOLIA AVE SUITE 201 ORLANDO FL 32789  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. No. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code	City & State				
25 29 30 Personal Property Tax due June 30.	Zip Country		Country		
9, Name and Address of Current Registered Agent  LOUV, ARTHUR R 801 NORTH MAGNOLIA AVE SUITE 201 ORLANDO FL 32789  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.			<b>├</b> ─ '	· · · · · · · · · · · · · · · · · ·	
801 NORTH MAGNOLIA AVE SUITE 201 ORLANDO FL 32789  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.			1		
801 NORTH MAGNOLIA AVE SUITE 201 ORLANDO FL 32789  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.	LOUV. ARTHUR R		B1 Name		
SUITE 201 ORLANDO FL 32789  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.			R2 Street An	Idrass (P.O. Box Number is Not Acceptable)	
84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.			July Olicol Mo	is read (1,0. Box rearries is rect recouplation)	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.	ORLANDO FL 32789		83		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.			84 City	os 7ir	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered			Oily	FL   s   - r	0000
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    Signature   System of professional agent and title if applicable   (NOTE Registered Agent algenture required when reinstating)   DATE	GNATURE Signature, typed or proded owne of registered a	agent and title diapplicable (NOTE	Registered Agent algnature rea	quired when reinstatog) DATE	
TITLE         D         DELETE         1.5 TITLE         Change         Addit	LE <b>D</b>	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME BEGLEY, KEITH J 1.2 NAME			1.2 NAME		
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i I	REET ADDRESS 17-51-71P LE ME	DELETE	4.1 TITLE 4. 2 NAME	Change	Addition
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CITY-S1-ZIP  6.4 CITY-S1-ZIP  6.4 CITY-S1-ZIP  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	REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME ME REET ADDRESS IY-S1-ZIP LE	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME	☐ Change	] Addition

indicated on this annual report or supplied with this limit does not qualify or the exemption stated in occupin 19.07(3), Florida Statutes. Floride certify that the information indicated on this annual report or supplied enter each 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.

**SIGNATURE:** 

4/15/98 (407)645-4811