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

P95000052735 (4)

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

2001 ESTERO BLVD 200			ress O BLVD S BEACH FL 339	331		DO NOT WRITE IN THIS				
						3. Date incorporated or Qualified			-	
9 Principal Dir	ace of Business	2a, Mailing A	ddroce			07/03/1995 4. FEI Number		14	alical For	
21	ACO OI DOSIIIOSS	26			65-0676227	-		plied For t Applicabl		
Suite, Apt. 4	, etc.	Suite, Apt. #, etc.				\$8		dditional		
22		27			5. Certificate of Status Desired		ee Re			
City & State		City & State			·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes or has paid the co	irrent y	ear Inte	angible	
24	25	29	30	7			Yes Yes] No	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent			
TATARIAN, COURS IN ARY L, 2001 ESTERO BLVD					Name					
					Street Ad	Iress (P.O. Box Number is Not Acceptable)				
FORT MYERS BEACH FL 33931				83						
				03						
				84	City	FI	85	Zip C	Code	
11. Pursuant to office or re agent. I an	the provisions of Sections 607 gistered agent, or both, in the 5 n familiar with, and accept the control of the	7.0502 and 607.1508, F State of Florida. Such c obligations of, Section (lorida Statutes, hange was auth 507.0505, Florid	the above orized by a Statutes	e-named co the corpor	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the ap	of chang pointme	ging its ent as i	registered registered	
SIGNATURE _										
	Signature, typed or printed name of registers		(NOTE Re		nt algnature rec	suired when reinstating) DATE	0.0.00			
12.	P	AND DIRECTORS	LOCUETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE		S IN 12 Addition	
TITLE	•	L-					ши	sar ige	Manual Manual	
NAME	TATARIAN, MARY L			1.2 NAME	-					
STREET ADDRESS	CODY ANGEL DE CODE			1.3 STREET ADORESS						
CITY-ST-ZIP TITLE	T"			1.4 CITY-ST-ZIP			□ cı	honge	Addition	
		L) DECE IE				LJ 0	lange	[] Abbilion	
NAME OVEREST ADDRESS				2.2 NAME						
STREET ADDRESS				23 STREET						
CITY-ST-ZIP			DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP		☐ Cr	2000	Addition	
1		L	POLLIL				 ₩	ecu iĝo	- Vontion	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					

CITY-ST-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 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 on an attachment with an address.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

Maen tetruain sucuscut 42/8

FILED

May 13 1998 8:00am

Secretary of State

Addition

Addition