## 2-2-98 B /2/9 C 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** 

## **FILED** Feb 02 1998 8:00am Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business  2301 CHERRYWOOD LANE ORLANDO FL 32803  POSCUPIENT # P9500054888 (9  Mailing Address  2301 CHERRYWOOD LANE ORLANDO FL 32803									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
Suite, Apt. e, etc	2. Principal P	lace of Busin	ness	26	. Mailing Address			<del></del>	4.			Ar	oplied For	
City & State 27	21				26					59-3324517		<del></del>		
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Zip Country 2p	23	·		28	h <del></del>									
9. Name and Address of Current Registered Agent  SALCDO, MOSES L 2301 CHERRYWOOD LANE ORLANDO FL 32803  64 City FL 65 City FL 65 Zip Code  64 City FL 65 Zip Code  65 City FL 66 City FL 66 City FL 67 City FL 68 Zip Code  67 Code			Country			Cour	ntry	ıry			paid the c			
SALCDO, MOSES L 2301 CHERRYWOOD LANE ORLANDO FL 32803  82 Street Address (F.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sactions 507,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the appointment as registered segment. I am familiar with, and accept the obligations of, Socion 607, Soc	24	24 25											] No	
STEET ADDRESS CITY-S1-2P  TITE  DELETE  2801 CHERRYWOOD LANE ORLANDO FL 32803  82 Street Address (F.C. Box Number is Not Acceptable)  83 Street Address (F.C. Box Number is Not Acceptable)  84 City  FL 85 Zip Codo  85 Zip Codo  86 City  FL 85 Zip Codo  87 Zip Codo  88 Zip Codo  89 Zip Codo  80 Zip Codo	····		······	nt Regi	stered Agent		<u> </u>	N	10.	Name and Address of New I	tegistere	d Agent		
ORLANDO FL \$2803    B3			Į	81	Name	ame								
Salicy   S							82	2 Street Addre		dress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the pursues of changing its registered agent. Lam field with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam field with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam field with a such accept to obligations of, Sociotion 607.0505, Florida Statutes.  SIGNATURE  Signature. Speed or protein name of registering agent and for it as it with the paramet directors. I hereby accept the appointment as registered agent. State it is a state of the protein of the p	UNI	DANIOU PL	32803			ŀ	83		<del></del> -					
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SIGNATURE  Signature, speed or protein name of registerinal size of any direct thing shorests.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE PS. SALCIDO, MOSE'S L. 23 STREET ADDRESS CITY-S1-2/P  ORLANDO FL DELETE 2 11THE 2 Addition  NAME  STREET ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 2 11THE 2 Addition  NAME  STREET ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 3. THE ADDRESS ORTY-S1-2/P  TITLE ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 4. THE CAPAGES SALCIDY-S1-2/P  TITLE ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 4. THE CAPAGES SALCITY-S1-2/P  TITLE ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 4. THE CAPAGES SALCITY-S1-2/P  TITLE ADDRESS ORTY-S1-2/P  ORLANDO FL DELETE 4. THE CAPAGES SALCITY-S1-2/P  TITLE ADDRESS ORTY-S1-2/P  TITLE DELETE 4. THE CAPAGES SALCITY-S1-2/P  TITLE DELETE 5. THE CAPAGES SALCITY-S1-2/P  TITLE DELETE 5. THE CAPAGES SALCITY-S1-2/P  TITLE DELETE 6. THE CAPAGES SALCITY-S1-2/P							84	City			Fi	L 85 Zip	Code !	
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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 cyclic an attach point with an address.

SIGNATURE:

Moses L. SALCIDA