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 # 1. Corporation Name

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

P95000056664 (2)

Principal Place of Business Principal Place of Business 7111 GRAND NATIONAL DRIVE SUITE 101 ORLANDO FL 32619 SUITE 104 FORT MYERS FL 33907											DO NOT WRITE IN THIS SPACE						
				V						3. Date Incorporated or Qualified 07/21/1995							
	Principal Po	al Place of Business			2a. Mailing Address					4.	FEI Number				+ + + +	olied For	
21	Suite Ant	uite, Apt. #, etc.			Suite, Apt. #, etc.						<u>59-3325617</u>			ΦΩ .		Applicable	
22]			27	27				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required								
23	City & State	City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
23	Zip	Country						Country			This corporation of	-					
24		25 29 30				30			Personal Property Tax due June 30.					Yes No			
g. Name and Address of Current Registered Agent										10.	Name and Addre	s of New I	Registered	Agent			
ROYSTON, ROBERT D JR.							81	Name									
12670 NEW BRITTANY BLVD.						82	Street A	Addres	ss (P	O. Box Number is	Not Accept	able)					
SUITE 101											,						
	FOF	RT MYERS	FL 33907				83										
							B4	City			·····			85	Zip C	ode	
							· •					FL	<u> </u>				
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 i 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												ng its t as r	registered egistered				
SI	SIGNATURE																
-	Signature, typed or punified name of rigistered again and title if applicable (NOTE Register 12. OFFICERS AND DIRECTORS 13.						o Age	ni eignalure	requirea		ADDITIONS/CHANG	ES TO OES	DATE	D DIREC	TOR	2 INI 12	
-	LE L	PD	OT TOLITO AIR	יום טווני.כ	DELETÉ	1.1 19	TLE	I			ADDITIONS/CITAING	363 10 011	IULIIS AIN	☐ Char	_	Addition	
ı	IAME HEIN, VICTOR J		CTOR J	_			1.2 NAME										
STREET ADDRESS		5420 DIVISION DRIVE			1.3			1.3 STREET ADDRESS									
CITY-ST-ZIP		FORT MYERS FL 33905					1.4 CITY+ST-ZIP										
TITLE		VP					2.1 TITLE							Char	ige	Addition	
NAME ELLISON, JOHN		I, JOHN			2.2 N	AME											
STREET ADDRESS		7111 GRAND NATIONAL DR. S'			TE 101 2		3 STREET ADDRESS										
CITY-ST-ZIP		ORLANDO FL					2. 4 CITY - ST - ZIP					A.,	5,5				
TIT	LE	S		-	DELETE	3.1 TI	TLE							Char	nge	Addition	
NA	ME	LAFATA	MICHAEL			3.2 N	AME										
STI	REET ADDRESS	7111 GF	IAND NATIONAL DR.	, STE 16	01	3.3 S	REET	ADDRESS									
CIT	Y-ST-71P	ORLAND	0 FL			34.0	ITY-S	T-7IP									

CITY-ST-ZIP 6.4 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 suppliemental 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

☐ DELETE

DELETE

DELETE

Change

Change

Change

☐ Addition

Addition

Addition

FILED

Mar 25 1998 8:00am

Secretary of State