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 # P95000057892 (8)

JEFF R. FRENCH & ASSOCIATES, P.A.

FILED Apr 30 1998 8:00am Secretary of State

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Principal Pla	ce of Business	Mailing Address					
333 S TAMI	ami tr	333 S TAMIAMI TR			1		
SUITE 257 VENICE FL 34285		SUITE 257 VENICE FL 34285	SUITE 257		DO NOT WRITE IN THIS SPACE		
VERNOE FL	39203	VENIOR PE 34203			3. Date Incorporated or Qualified		
					07/26/1995		
2. Principal	Place of Business	2a. Mailing Address	···		4. FEI Number	T I	Applied For
21		26			65-0598921	h +	Not Applicable
Suite, Ap	t W. etc.	Suite, Apt. #, etc.				□ \$8.75	5 Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	May Be
23		26			Trust Fund Contribution	Adde Adde	d to Fees
Zip	Country	Zφ	Country		8. This corporation owes or has pa	id the current year	Intangible
24	25		30		Personal Property Tax due June		□ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
F	RENCH, JEFF R		81	Name			
	33 S TAMIAMI TR		82	Street Addre	ss (P.O. Box Number is Not Acceptab	ıle)	
	UITE 257			Oli COL / LOGIO	do (r.o. box rambor is not neceptar		
	ENICE FL 34285		83				
•	L/WOL 1 E 07200		-	0.7		lee [7:	ip Code
			84	City		FL 85 Z	p Code
SIGNATURE	Signature, typied or printed name of registered	agent and trie if apple able (NOTE IND DIRECTORS	Registered Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	D OFFICERS F	DELETE	1.1 TITLE		ADDITIONS/OFFICIAL TO OFFICE	☐ Chang	
NAME	FRENCH, JEFF R	_	1.2 NAME				
STREET ADDRESS		TF 257	1.3 STREET A	NOORESS			
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY - ST-				
TITLE	TETROE I C OVEGO	DELETE	2.1 TITLE	-"		☐ Chang	e 🔲 Addition
NAME			2 2 NAME				
STREET ADORESS			2.3 STREET A	ADDRESS			
CITY-ST-ZIP	`		2 4 CITY-ST				
TITLE		DELETE	3.1 TOTLE	1-24		☐ Chang	e Addition
NAME	1		3.2 NAME				
STREET ADORESS	. 1		3.3 STREET A	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST				
TITLE	 	DELETE	4.1 1/TLE			Chang	je Addition
NAME		 -	4. 2 NAME				
STREET ADDRESS			4.3 STREET A	NODRESS			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE	 	DELETE	5.1 TITLE			☐ Chang	e Addition
NAME	1		5.2 NAME				
STREET ADDRESS	s		5 3 STREET A	ADDRESS			
CITY-ST-ZIP			54 CITY-ST				
TITLE		☐ DELETE	6 1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST				
0111-01-EIF	<u> </u>		9.4 0111 - 01				

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 supplience that 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.

SIGNATURE:

WIR P. Grand SEFF R. FRENCH

941-484-2419