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

PROFIT



Apr 20 1998 8:00am

ANNU	RPORATION JAL REPORT 1998		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Secreta	Secretary of State		
	MENT # P9 (CAN SOUTHERN HO	500005851 MES, INC.	4 (7)			1 6 00 11 10 1140 1141 1141		
Principal Place	e of Business	Mailing Add	ress			T BOTTL BALBL BALBL TOTAL OLIBI	: SHIERL ONDE HOOF	
763 GRANVILLE DRIVE 763 GRANVILLE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789					DO NOT WR	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifie	ed .		
A Principal O	lace of Business	2a. Mailing	Addrase		07/28/1995 4. FEI Number		Applied For	
2, Frincipai F	lace of pusitiess	26	Muditiess		59-3330204		Applied For Not Applicable	
Suite, Apt.	#, etc.		pt. #, etc.		5. Certificate of Status Desired		5 Additional	
22	27					ree	Required	
City & State	0	City & S	tate		 Election Campaign Financing Trust Fund Contribution 		O May Be	
Zip	Country	Zip	Co	ountry	8. This corporation owes or has			
24	25	29	30		Personal Property Tax due Ju		□ No	
ш	·	of Current Registered Ag	ent	81 Name	10. Name and Address of New	Hegistered Agent		
	LLOWAY, DWIGHT D GRANVILLE DRIVE					·		
WINTER PARK FL 32789				82 Street A	Address (P.O. Box Number is Not Accep	(able)	1	
		/ /		83				
	1	/ / _		84 City		85 Z	ip Code	
dd Dwerent	or the provisions of Soctions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Elecido Station the	about named	corporation submits this statement for th	FL S 1	a its registered	
office or r	egistered agent, or hom. In m familiar with and accept	live Suite of Florida Sueh	chabie was authoriz	ed by the corp	corporation submits this statement for the oration's board of directors. I hereby ac	cept the eppoyitment	as registered	
	m randa with and a 2		607.0505, Florida St	athtes:		412198		
SIGNATURE		gistered again and line if applicable			required when reinstating)	DATE	F	
12.	OFFIC	CERS AND DIRECTORS		TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		
TIFLE NAME	HOLLOWAY, DWIGHT		- ;	NAME		والماران في	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	763 GRANVILLE DRIVI			STREET ADDRESS			18	
CITY-ST-ZIP	WINTER PARK FL 327			CITY-ST-ZIP				
TITLE	D	•	DELETE 2.1	TITLE		[_] Chang	je 🔲 Addition 🕻	
NAME	HOLLOWAY, CYNTHA			NAME				
STREET ADDRESS	763 GRANVILLE DRIVI WINTER PARK FL 327		1	STREET ADDRESS				
CITY-ST-ZIP TITLE	V			CITY-ST-ZIP TITLE		Chang	e Addition	
NAME	WALKER, DONALD JE			NAME				
STREET ADDRESS	920 DELANEY AVE.		33	STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806			CITY - ST - ZIP		T Chance	a Addison	
TITLE NAME		L		TITLE NAME		Chang	e Addition	
STREET ADDRESS				STREET ADDRESS			1	
CITY-ST-ZIP				CITY-ST-ZIP_				
TITLE			DELETE 51	INTE		☐ Chang	e Addition	
NAME				NAME			Í	
STREET ADDRESS			1	STREET ADDRESS			,	
CITY-ST-ZIP TITLE				CITY-ST-ZIP TITLE		Chang	e Addition	
NAME				NAME			_	
STREET ADDRESS		//	1	STREET ADDRESS			1	
CITY-SI-ZIP		1)/1	6.4	CITY-ST-ZIP				
14. I hereby of indicated officer or	certify that the information su on this annual report or sup director of the corporation of or Block 13 if changes.	ipplied with this tring does plemental mouth report is rithe reaptiver or irustee er	not qualify for the a true and accurate a appowered to execute	kemption state nd that my sign this report as	o in Section 119.07(3)(i). Florida Statute nature shall have the same legal effect a required by Chapter 607, Florida Statute	 I further certify that f is if made under gath; and that my name 	ne information that I am an appears in	

SIGNATURE:

FILED