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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063534 (8)

FILED May 14 1998 8:00am Secretary of State

Principal Place 3219 WALD R ORLANDO FL	OAD 32006 lace of Business #, etc.	Mailing Address 3219 WALD ROAD ORLANDO FL 3280 2a. Mailing Addres 26 Suite, Apt. #, el 27 City & State 28	s		DO NOT WRITE 3. Date incorporated or Qualified 08/16/1995 4. FEI Number 59-3374751 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	IN THIS SPACE	Appli	ied For Applicable ditional uired
Zip Country		Zip Country		ntry	8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due Jurie			No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent		
MCDONALD, ROGER J 1218 E. ROBINSON STREET ORLANDO FL 32801					ress (P.O. Box Number is Not Acceptab	FL 85	Zip Cor	de
office or r agent. I a SIGNATURE	Signature, typical or project name of regulation and	e of Florida, Such change gations of, Section 607.05 DEPART OF TAIL OF THE JP DIRECTORS		d by the corpora	red when renstating) ADDITIONS/CHANGES TO OFFICE	DATE 97	<u> </u>	
TITLE	PD	☐ DELE	TE 1.1 TO	LE				Addition
NAME STREET ADDRESS	ANDERSON, MARY JO C 3219 WALD ROAD			REET AUDRESS				
CITY-ST-ZIP	ORLANDO FL 32806	L DATE		Y-ST-ZIP				A 4 4 4 4 4 4 4 4
TITLE	vstd Miller, kyle c	DETE		-		☐ Ct	iange L	Addition
NAME CONCET ADDRESS	2038 FOREST CLUB DRIVE		2 2 NA	1				
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32804			HEEF ADDRESS				
TITLE		DELE		TY-ST-ZIP		T CF	ange	Addition
NAME		~_ v	3.2 NA			۰ ب	y L	
STREET ADDRESS				REET ADDRESS				
CITY-81-ZIP				IY-ST-ZIP				
TITLE		DELE				☐ Ch	ange [Addition
NAME			4.2 N/			- -		
STREET ADDRESS				REE1 ADDRESS				
CITY-SY-ZIP				Y-ST-ZIP				
TITLE		DELE				Ct	ange [Addition
NAME			5.2 NA	VIE }				
STREET ADDRESS			5.3 \$16	REFT ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE	······································	DELE				Ct	ange	Addition
NAME			6.2 NA	ME [
1								
STREET ADDRESS			6.3 ST	REE1 ADDRESS				
STREET ADDRESS CITY-ST-ZIP				1				

indicated of initial initial report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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: