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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

FILED

Jun 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064070 (2)

Principal Plac		Mailing Address P.O. BOX 520164 LONGWOOD FL 32752-0	164		
THE OF THE	100 10 02:00	LONGINOUD IL DEIGEO	107	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
			<u>.</u>	08/17/1995	
 -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		59-3330471	Not Applicable
22	π, αιο	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zipi	Country	8. This corporation owes or has pa	aid the current year Intangible
24	25		30	Personal Property Tax due June	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	egistered Agent
	ebaut III, ben r		81 Name		
	HAYES RD.		82 Street Ac	ldress (P.O. Box Number is Not Acceptat	ole)
WIN	NTER SPRINGS FL 32708		83		
			83		
			84 City		FL 85 Zip Code
44 Discound	to the province of Scotions 607.6	0002 and 607 1008 Elected State	don the above named or	orporation submits this statement for the pration's board of directors. I hereby acce	
SIGNATURE	Signature, typed or profed name of registeric d	AND DIRECTORS	TE Ring stored Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFILE	
TITLE	P	☐ DELETE	1.1 TOLE		Change Addition
NAME	THEBAUT, BEN R III		1.2 NAME		
STREET ADDRESS	310 HAYES ROAD		1.3 STREET ADDRESS	Water Springs II	20000
CITY - ST - ZIP	WINTER SPRINGS FL	L OCI CIT	1.4 CHY-ST-7IP	<u> Winter Springs, FL</u>	32708 Additio
TIFLE		LT DELETE	21 TITLE		L. Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - \$1 - ZIP 3.1 TITLE		Change Additio
NAME		Land Collection	3.2 NAME		- Stories - Marito
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE					Change Addition
		DELETE	4.1 111LE		C change Mannon
NAME		DELETE			Change Addition
STREET ADDRESS		☐ DELETE	4.1 1IILE		Change Addition
		_	4.1 117LE 4. 2 NAME		
STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		_	4.1 ITHE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.1 III-LE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DECETE	4.1 HITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET AUDRESS 5.4 CITY - ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DECETE	4.1 LITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET AUDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition

14. I hereby certify that the information supplied with this thing 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 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, or or qualitachment with an address

CNATURE BOTH TO BE THE PROPERTY OF THE PARTY LONG LE