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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 09 1998 8:00am

Sandra B. Mortham

1	JAL REPORT 1998	Se	Grae B. Mortham cretary of State I OF CORPORATIONS	Secretary	of State
1	MENT # P9500 STREET, INC.	00065626 (0)		2018) 2018 8018 1018 2018 2011 1881
	e of Business	Mailing Address	grape de		
121 NW THIRD STREET OCALA FL 34475-6695 121 NW THIRD STREET OCALA FL 34475-6695 OCALA FL 34475-6695				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address	. <u></u>	08/23/1995 4. FEI Number	Applied For
21		26	·	59-3350038	Not Applicable
Suite, Apt.		Suite, Apt. #, etc). 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Ð	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
	AONS, GARY C Q		81 Name	NO CHANGO	,
121 NW THIRD STREET			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
00	ALA FL 34475-6695		83		
ļ					
			84 City	F	85 Zip Code
11. Pursuant office or i	to the provisions of Sections 607.0 registered agent, or both, in the 8ta	502 and 607 1508, Fiorida te of Fierida, Such change	tatules, the above-named cor was authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE	ann annia wylin, and acceptate cyl	decitor so	ALLENDACIO Ottololos.	2/281	19 V /
	Signature, typed or print dinance of registered a		(NOTE: Registered Agent signature requ		
12.	OFFICERS A	ND DIRECTORS DELET	E 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	RUBIN, JAY J	L beech	1.2 NAME		
STREET ADDRESS	6690 SW 18TH TERRACE R	OAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	,	1.4 CITY-ST-ZIP		
TALE	D	DELET	E 2.1 TITLE		Change Addition
NAME	RUBIN, ANNE F	•	2.2 NAME		
STREET ADDRESS	1523 SE 13TH ST		2.3 STREET ADDRESS	•••	
CITY-ST-ZIP	OCALA FL	DELET	2. 4 CITY-ST-ZIP	*	Change Addition
TITLE NAME			E 3.1 TITLE 3.2 NAME		C Charige D Modition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELET			☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T Select	4.4 CITY - ST - ZIP		Ohores Disagn
TITLE		DELET			Change Addition
NAME CARREST ANDRESS			52 NAME		{
STREET ADDRESS CITY+ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELET			Change Addition
NAME		_	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. 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 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 of 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.