## 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 # P95000067594 (8)

## **FILED** May 01 1998 8:00am Secretary of State

Principal Place of Business  280 \$. MCCALL RD, STE. 203  ENGLEWOOD FL 3424  280 \$. MCCALL RD, STE. 203  ENGLEWOOD FL 3424  DD NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  (8/31/1995)  2. Principal Place of Business  2a. Melling Address  2a. Melling Address  4. FEI Number  Applied For Not Applicab  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  PRESCOTT, CHARLES J  2033 WOOD \$1., \$TE. 115  \$2033 WOOD \$1., \$TE. 115  \$32 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above number of sections board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Synthis typed or prefer familiar and prophered synth and incident in Familiar in Pagellands  [NOTE Registered Agent appending with respiratory page of prefer familiar and prophered synthesis and page in Juntile  [NOTE Registered Agent appending with respiratory page of posterior agent.]  [NOTE Registered Agent appending with respiratory depression of Spotions SO OFFICERS AND DIRECTORS IN 12.  [NOTE Registered Agent appending with respiratory depending with respiratory deponding with respiratory depending with respiratory deponding wit
ENGLEWOOD FL 34224  ENGLEWOOD FL 34224  DD NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/31/1995  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  2c. Country  2d. Country  2d. Do Nort Write In This SPACE  85.0756764  Not Applied For  Not Applied For  1c. Certificate of Status Desired  \$6. Certificate of
ENGLEWOOD FL 34224  ENGLEWOOD FL 34224  DD NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/31/1995  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  2c. Country  2d. Country  2d. Do Nort Write In This SPACE  85.0756764  Not Applied For  Not Applied For  1c. Certificate of Status Desired  \$6. Certificate of
3. Date Incorporated or Qualified  08/3 1/1995  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Et Number  65-0756764  Not Applicab  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   \$8.75 Additional Fee Required  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Added to Fees  Trust Fund Contribution   Added to Fees  Added to Fees  Applicable Personal Property Tax due June 30.   Yes   No  9. Name and Address of Current Registered Agent  PRESCOTT, CHARLES J  2033 WOOD ST., STE. 115  SARASOTA FL 34237  81  Name  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607 05055, Florida Statutes.  SIGNATURE  Signature bysed or pretied name of registered agent and title if Auribrianie   INOTE Registered Agent agents required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2. Principal Place of Business 2. Malling Address 4. FEI Number Applied For 65-0756764 Not Applicable Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State City & State City & State  Zip Country Zip Added to Fees Zip Personal Property Tax due June 30. Yes No  No Name and Address of Current Registered Agent  PRESCOTT, CHARLES J 2033 WOOD ST., STE. 115 SARASOTA FL 34237  83 City City City Country Co
2. Principal Place of Business 2. Malling Address 2. Malling Address 2. Malling Address 3. Malling Address 3. Malling Address 3. Malling Address 3. Suite, Apt #, etc. 3. Suite,
21 Suite, Apt. #, etc.  Suite and suite in Status Desired Apolition Schalars Required Status Desired Apolition Schalars Required Status Desired Apolitic Sta
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.
City & State  Country  Zip  Personal Property Tax due June 30.  Yes No  No  PRESCOTT, CHARLES J  2033 WOOD ST., STE. 115  SARASOTA FL 34237  Zip  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The less Zip Code  11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and life if applicable  TNOTE. Registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and life if applicable  TNOTE. Registered Agent signature required when reinstating)  DATE  TOTAL COUNTRY  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  PRESCOTT, CHARLES J 2033 WOOD ST., STE. 115 SARASOTA FL 34237  81 Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature typed or printed name of registered agent and Idle if applicable (NOTE. Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12
Zip Country Zip Country Sip Country Sip Country Signature required when reinstaling)  Country Sip Country Sip Country Signature required when reinstaling)  Personal Property Tax due June 30. Yes No No No Name and Address of New Registered Agent No No Name and Address of New Registered Agent No Name and Address of New Registered Agent No Name and Address of New Registered Agent Name Signature required when reinstaling)  City FL Sip Code Signature required when reinstaling DATE  Signature, typed or printed name of registered agent and Idia if applicable (NOTE. Registered Agent signature required when reinstaling)  DATE  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and Idia if applicable (NOTE. Registered Agent signature required when reinstaling) DATE  12. OFFICERS AND DIRECTORS 10.12
25 29 30 Personal Property Tax due June 30. Yes No  8. Name and Address of Current Registered Agent  PRESCOTT, CHARLES J 2033 WOOD ST., STE. 115 SARASOTA FL 34237  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable (NOTE. Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 11.
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME HARTLAND, FRED 12 NAME
STREET ADDRESS 7615 MANASOTA KEY RD. 1.3 STREET ADDRESS
CITY-ST-ZIP ENGLEWOOD FL 34223 14 CITY-ST-ZIP
TITLE D DELETE 21 TITLE Change Addition
NAME HARTLAND, CAROLYN 22 NAME
STREET ADDRESS 7815 MANASOTA KEY RD. 2.3 STREET ADDRESS
CITY-ST-ZIP ENGLEWOOD FL 34223 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-S1-2IP 3.4. CITY-ST-2IP
TITLE DELETÉ 4.1 TITLE Change Addition
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STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TiTLE         Change         Addition
STREET ADDRESS   4.3 STREET ADDRESS
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STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           MAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP

I 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 suppliemental 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.

April 27 1998