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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
May 06 1998 8:00am
Secretary of State

	1998		DIVISION OF CO		Scerciai	y of State
DOCU 1. Corporation	MENT # P95	50000 68	016	_		
1 72	.) }	11 massa	na Serv	ice		
Coley	lawn -	cro-ocapii	5			
7				······································		. •
Principal Plac	ce of Business	Ma lin	ig Address	~ A.P.		
2701,0	i, fc33143	790	مار (لا) إم	ONVO		•
mean	i, FL 33142	3 mi	ami, FC	33143	DO NOT WRITE IN TH	IS SPACE
,,	•		•		3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. M.	ailing Address		4. FEI Number	Applied For
21		26	5901 SW	60 Ave	15-06/8433	Not Applicable
Suite, Apt	#, etc	ST	ite, Apt. #, etc.	22112	5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	27 [ty & State	C 23145	€ Election Compaign Cinemains	Fee Required
23		28	,, a olalo		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zu		Country	8. This corporation owes or has paid the	
24	25		/	o USA	Personal Property Tax due June 30.	Yes No
··		s of Current Registere		81 Name	10. Name and Address of New Registere	ed Agent
Cor	porations!	Servia C	ompany		Nalinda G Coley	
•	1201 to	and ftr.	eet 1	82 Street Ac	doress (P.O. Box Number is Not Acceptable))
_			20221	B3	7401 2m 60 414	
	lallahass	ee, the	32301	24 0		To 1 7:- 0 - 1:-
• .				84 City Y	Mami, FL F	L B5 Zip Code ススプイス
11. Pursuant	to the provisions of Sections	ons 607.0502 and 607.1	1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
agent La	egistered agent, or both, im tamiliar with and acce	pt the obligations of, So	ection 607.0505, Flori	da Statutes.	validits board of directors. Thereby accept the a	I la a la C
SIGNATURE	Malinda G	rail Coles	1 Secretar	y) Whe	lucko Toley	122 198
12.		FICERS AND DIRECTO	DRS	Rapsi fied Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	President	Dir.	DELETE	1) TITLE		ND DIRECTORS IN 12 Change Addition
NAME		(S_{k}, S_{k})		1 2 NAME		6
STREET ADDRESS		OF AVE		13 STREET ADDRESS		· Ş
CITY - ST - ZIP TITLE	Vice Presid	- 33143	☐ DELETE	2.1 TITLE		Change Addition
NAME	Estoria Co	102/1017.	<u> </u>	2 2 NAME		Committee Committee
STREET ADDRESS	l _	7		2.3 STREET ADDRESS		•
CITY-ST-ZIP	Same	16		2 4 CITY+ST-ZIP		
TITLE	malinda G	DIV.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	malinar G	. Co ley		3.2 NAME		
STREET ADDRESS	Same	,		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME			Decert	4.2 NAME		change nonline
STREET ADDRESS				43 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			□ DETE1E	5 1 TIME	COOCOCTA	Change Addition
NAME				5 2 NAME	500002514 -05/10/9801009-	-037
STREET ADDRESS				53 STREET ADDRESS	***150.00	
CITY-ST-ZIP TITLE	 		DELETE	5.4 CITY - ST - ZIP - G.1 TITLE	we nee NAT IP TAILTIE	Change Addition
NAME			in present	6.1 TITLE 6.2 NAME		Change La Abality 1
STREET ADDRESS				6.3 STREET ADDRESS		/ _v ()
CITY-ST-ZIP				6.4 City St-ZiP) h
14 I borobic	portific that the information	constraint with this files	doce not quality for		in Socion 119 07/23(i) Florida Statutos I further	portify that the information

1. Thereby 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 minual 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 received received the 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: Mel State and Type OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR (Secretary) 4/27/98 (35)666-220