## 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 # P95000071954 (8)

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

		KORZILIUS, P.A.	Mailing Address			••••			
	•		POST OFFICE BOX 198	,					
1011 PRINCESS LANE POST OFFICE BOX 1988 VENICE FL 34293 VENICE FL 34284									
							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualified 09/18/1995		
	incipal Pla	Cipal Place of Business 2a. Mailing Address					4. FEI Number	Α	pplied For
21		26   9, Apt. #, etc.   Suite, Apt. #, etc.					<u>59-3334676</u>		lot Applicable
22	27			, etc.			5. Certificate of Status Desired		Additional Required
	ty & State		City & State				6. Election Campaign Financing		) May Be
23	28 Zio			Country			Trust Fund Contribution L		to Fees
Z4	ν			<b>—</b>	, ,		8. This corporation owes or has paid to		ntangible No
44	25 29 29 Rame and Address of Current Registered Agent			130	Personal Property Tax due June 30. L Yes  10. Name and Address of New Registered Agent			ZV IVO	
	KOR	RZILIUS, ERIK V ESQ.			81	Name			
1011 <b>PRINCESS</b> LANE				}	B2 :	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	VEN	ICE FL 34293		ļ					
					83				
				ļ.	84 (	City		<b>85</b> Zip	Code
At Director to the section of Continue COT COO. 1007 1500 Ft. 11 Co. 11							41	FL  °°   2°P	16
11. F	office or re	gistered agent, or both, in the Stat	e of Florida_Such change was	ies, the ab authorized	i by th	named corpo ne corporatio	oration submits this statement for the purp on's board of directors. I hereby accept th	nose or changing ne appointment a	its registered s registered
8	igent. I am	i familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statu	utes.				
SIGN	ATURE .	Ignature, typed or printed name of registered a	wait and tric if applicable (NC)	IF Registered	Accol s	signalure ten i ter	of when reinstating)	DATE	_ <del></del>
12.			ND DIRECTORS	13.	Age in a	a griantire rectored	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE				1.1 TIT	LE			☐ Change	☐ Addition
NAME				1,2 NA	ME				
STREET	TADORESS 1011 PRINCESS LANE		1.3 STR		REET AD	DRESS			
_CITY-S	T-ZIP	VENICE FL 34293		1. <u>4 CI</u> T	1.4 CITY-ST-ZIP				
TITLE			DELETE 2		2.1 TITLE			☐ Change	☐ Addition
NAME				2.2 NA	ME				•
STREET	ADDRESS			2.3 STF	REET AD	DRESS			
	CITY-ST-ZIP			2. 4 CiTY-ST-ZiP		2iP			-
TITLE			DELETE	3.1 1(1)				Change	Addition
NAME				3.2 NAI					
	STREET ADDRESS				REET AD				
	CITY-ST-2IP				3.4. CITY - ST - ZIP			01	Addies -
TITLE	]		☐ DELET <b>E</b>	4.1 1171				☐ Change	Addition
NAME	1000000			4, 2 NA		annea.			
	ADDRESS				REET AD				
CITY-S				4.4 CITY - ST - ZIP 5.1 TITLE			☐ Change	Addition	
	1		C Operation					C Charge	ADDUCTION
NAME	Annores			5.2 NAI		Ducee			
	ADDRESS 7. 710			5.3 STR					
CITY-S	1-28		☐ DELETE	5.4 CIT				☐ Change	Addition
NAME	1			6.2 NA					
	ADDRESS				REET AD	ORESS			
				6.4 CIT					
VIII - 3	1 417		21 11 2 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0,4 011	1-01-2		140 07/07/2 5: 14-00	C	

14. 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 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 of the receiver or further 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.

OLONIATURE.

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