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

**CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000074519 (6)

**FILED** May 06 1998 8:00am Secretary of State

OVER	RDUE, IN	C.						1887/841 IIO 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1 1910 1
Principal Plac	on of Busines		Mailin	Address	······································			
2011 ST.	Ce OI BUSIIIL	55		-				
	N FL 33050			5 Harbor Drive Rathon FL 33050	)			·
MAINTING TE GOOD								DO NOT WRITE IN THIS SPACE
1								3. Date Incorporated or Qualified
B. Delmainel F	Dinna at Dina			7				09/27/1995
2. Principal Place of Business			<del> </del>	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				65-0613755 Not Applicable
22			<u>├</u> ─┐	27				5. Certificate of Status Desired
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip		Country	Zip		Cot	untry		This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30.  Yes No
<b> </b>		e and Address of Cu	rrent Hegistere	d Agent		10. Name and Address of New Registered Agent		
	STIGLITZ, F					81	Name	
1695 HARBOR DRIVE MARATHON FL 33050							Street Add	ddress (P.O. Box Number is Not Acceptable)
•	MAKAIMUR	N FL 33050				83		
						84	City	FL 85 Zip Code
11, Pursuant	to the provis	sions of Sections 607.	0502 and 607.1	508, Florida Statu	tes. the al	bove	-named co	Organian submits this statement for the purpose of changing its registered
office or r	regi <b>ste</b> red ag am <b>fam</b> iliar w	gent, or both, in the Sight, and accept the of	tate of Florida Solidations of Sci	luch change was	authorize lorida Stal	d by lutes	the corpor	orporation submits this statement for the purpose of changing its registered retion's board of directors. I hereby accept the appointment as registered
SIGNATURE		,	angunens on con					
DIGITATIONE	Signature, typic	d or printed name of registeres	Lagent and title if appli	licable (NO	T£. Registore	d Age	nt signature req	quired when reinstating) DATE
12.		OFFICERS	AND DIRECTOR	··.	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	ITT DIGITADO		DELETE	1.1 TI			Change Addition
4000 114000		LITZ, RICHARD			1.2 N/			
STREET ADDRESS		ATHON FL 33050					AODRESS	
CITY-ST-ZIP TITLE		THOM FL 33030	·	DELETE	1.4 CI 2.1 Ti	17Y-\$1	T-21P	Change Addition
NAME		LITZ, CHRISTINA			2.1 11 2.2 NA			Change Notinon
STREET ADDRESS		HARBOR DRIVE					ADDRESS	
CITY-ST-ZIP		THON FL 33050			2.4 C			
TITLE			- 44	DELETE	3.1 70		1-211	☐ Change ☐ Addition
NAME					3.2 N	AME		
STREET ADDRESS					3.3 ST	REET A	ADDRESS	
CITY-ST-ZIP					3.4. C	IIY-S	1 - ZIP	
TITLE				DELETE	4.1 TF	TLF		Change Addition
NAME					4.2 N	AME		
STREET ADDRESS					4.3 ST	HEET /	address	
CITY-ST-ZIP	<u> </u>			Doctor	4.4 CI		- ZIP	
TITLE				☐ DELETE	5.1 TII			☐ Change ☐ Addition
NAME CTREET ADDRESS					5.2 NA		+DDD565	
STREET ADDRESS CITY-ST-ZIP							ADDRESS	
TITLE	- <del></del>			DELETE	5.4 CI		- ZIP	☐ Change ☐ Addition
NAME					6.2 NA			Change Addaidi
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					6.4 CI		l l	
	Sprtify that the	o information cumulos	d with this filing	dean mat a militir f	0.4 U		ell	in Continue (40 07(0)(i)) Final de Continue I font de continue (15 de continue

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 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.

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