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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1998 8:00am

Secretary of State

40%

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077153 (1)

THRAI	LKILL, BROUSSARD & SMI	TH, P.A.	(, ,				(
Principal Pla	ice of Business	Mailing Addre	ess			I TOBEKOEN HET HUIDT DINN DONKE BEHIN DERHE DONKE HOD		
255 SO ORANGE AVENUE 255 SO ORANGE AVENU								
SUITE 740		SUITE 740						
ORLANDO FL 32801-3450		ORLANDO FL 32801-3450				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
9 Principal	Place of Business	2a, Mailing Ac	Idropp			10/09/1995 4. FEI Number	1 1.	- plical Fax
21		26					— — —	pplied For lot Applicable
Suite, Ap	t. #. etc.	Suite, Apt.	#. etc.			59-3338104		Additional
22		27	, ,			5. Certificate of Status Desired		lequired
City & Sta	ate	City & Stat	e			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30		1				No.	
	9. Name and Address of Curr	ent Registered Agen	<u>!</u>	B1		10. Name and Address of New Registered	Agent	
	railkill, g h			8"	Name			
	5 SO ORANGE AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		_
	JITE 740			83				
OF	RLANDO FL 32801-3450			83				
				84	City	FL	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607 1508. Fig	orida Statutes.	the above	-named co	rnoration submits this statement for the nurronse of	f changing i	its registered
office or agent. } SIGNATURE						ation's board of directors. I hereby accept the app	pointment as	; registered
40	Signature, typed or primed harne of registered a	NO DIRECTORS	(NOTE: Re		nt signature req	pulred when reinstating) DATE	D DIDECTO	DC IN 10
12. TITLE	PD		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	THRAILKILL, G H	_		1.2 NAME				
STREET ADDRESS		SLITTE 740		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL	JOIL 140		1.4 CITY-S1				
TITLE	VSD		DELETE	2.1 TITLE	<u>' '' </u>		Change	Addition
NAME	BROUSSARD, BRUCE K			2.2 NAME				
STREET ADDRESS		740		2.3 STREET	address	**		
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-S	T-ZIP			
TITLE	VTD		DELE TE	3.1 TITLE			Change	Addition
NAME	SMITH, KEVIN M			3.2 NAME				
STREET ADDRESS		740		3.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4 2 NAME				į
STREET ADDRESS				4.3 STREET	address			
CITY-ST-ZIP				4.4 CITY-ST	r - ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	 		DECETE:	5.4 CITY - S1	T-ZIP		116	Zano.
TITLE		Ц	DELETE	6.1 TITLE	1			Addition
HAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
OFF TO LITTO				E & COUNTY OF	T TUD			

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 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.