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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

\$andra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MLJ, IN		0077648 (0	,		1 477 11678 21177 3 1817 1271 1127
Principal Place	e of Business	Mailing Address			1841 :4014 0 1111 01001 1044 1401
440 3RD AVENUE NORTH		440 3RD AVENUE NORTH			
TIERRA VERDE FL 33715		TIERRA VERDE FL 33715		DO NOT MIDITE IN THE	2 2D+05
				DO NOT WRITE IN THIS 3. Date incorporated or Qualified	S SPACE
				10/05/1995	
2. Principal P	'lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3317117	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	Α	City & State		C Floation Compaign Financias	Fee Required
	•	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziρ	Country	7ip	Country	8. This corporation owes or has paid the c	
	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
	LLIAMS, MARILYN D		81 Name		
	O 3RD AVENUE NORTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
112	RRA VERDE FL 33715		83		
					,
			84 City	F	85 Zip Code
4 D	to the provisions of Sections 607 05	02 and CO7 1509 Florida Stat		paration or hards this statement for the process	of changing its registered
office or r	egistered agent, or both, in the State	oz and 607, 1506, Florida Stati e of Florida. Such chango was	utes, the above-named corporal authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as registered
office or r agent. I a	registered agent, or both, in the Stak im familiar with, and accept the oblig	of Florida, Such chango was pations of, Section 607.0505, F	utes, the above-named corpora s authorized by the corpora Florida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as registered
	_				ppointment as registered
GNATURE	Signature typed or printed name of region coding		utes, the above-named corpora s authorized by the corpora forida Statutes. OIF Registered Agent signature requ 13.		
SIGNATURE 2.	Signature typod or printed hand oil respect test of OFFICERS AN	per and the diapolicable (NO	OTF: Registored Agent signature requ	ired when reinstating) DATE.	ND DIRECTORS IN 12
SIGNATURE 2. ITLE IAME	Signature typed or presed have at respect collection of FFICE RS AN PD WILLIAMS, MARILYN D	pert and the diapplicable (NO	DTF Registored Agent signature required. 13. 1.1 TITLE 12 NAME	ired when reinstating) DATE.	ND DIRECTORS IN 12
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Marilun D. Williams 4/20198 (8/3)803-8155