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**PROFIT** CORPORATION ANNUAL REPORT 1998 DOCUMENT # **P**950000 83 32 7



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**FILED** Apr 24 1998 8:00am Secretary of State

| Principal Place of Business  Syste Mailing Address  637 Buoy Ly #203  Attamente Spengs, Pl. 32714  |  |                     |                       |   | •                              |
|--|--|---------------------|-----------------------|---|--------------------------------|
| Principal Place of Business  | Mailing Address                        | <del></del> _       | 1944                  |   |                                |
| 631 13409 Ly #   | -203                                   |                     |                       |   |                                |
| a Hand to Shower Pl 27718  |  |                     |                       | DO NOT WRITE IN THIS SPACE  |                                |
| all monte openys,  | , ( ( ) = // =                         |                     |                       | 3. Date Incorporated or Qualified   |                                |
| 2. Principal Place of Business   | Place of Business 2a. Mailing Address  |                     |                       | 4. FEI Number   | Applied For                    |
| 21   | 26                                     |                     |                       | 65-0618 346   | Not Applicable                 |
| Suite, Apt. #. etc.  | Suite, Apt. #, etc.                    |                     |                       |   | \$8.75 Additional Fee Required |
| City & State   | City & State                           |                     |                       | Election Campaign Financing     Trust Fund Contribution                     | \$5.00 May Be Added to Fees    |
| <b>Zip</b> Country <b>26</b>   | Zip<br>29                              | Cour                | itry                  | This corporation owes or has paid to     Personal Property Tax due June 30. | he current year Intangible     |
| 9. Name and Address of Cur   | ······································ | 1001                |                       | 10. Name and Address of New Regis   |                                |
| /  |  |                     | 81 Name               |   |                                |
|  |  |                     | 20 2 2 4 4 4          |   |                                |
| بالمراد والنام المراد  | •                                      | ["                  | 82 Street Addr        | ress (P.O. Box Number is Not Acceptable)                                    |                                |
| TRUING HERY  |  | j.                  | 83                    | · · · · · · · · · · · · · · · · · · ·                                       |                                |
| TRUILLO Helly 637 Buoy 44 S ALTAMONTO SP  11. Pursuant to the provisions of Sections 607.  office or registered apent or both in the St  | 4ite 203                               | -                   |                       |   |                                |
| alternaute Su  | RINGS F1. 3                            | 2714                | 34 City               |   | FI 85 Zip Code                 |
| 11. Pursuant to the provisions of Sections 607.0   | 0502 and 647.1508, Florida Stati       | utos, the ab        | ove-named corr        | poration submits this statement for the purp                                | ose of changing its registered |
| office or registered agent, or both, in the Sta<br>agent. I am familiar with, and accept the ob-   |  |                     |                       | tion's board of directors. I hereby accept th                               | e appointment as registered    |
| SIGNATURE  | Strictle of Decision Controlled,       | Torrac Otaro        |                       |   |                                |
| Signature typed or printed harve of registered   | agent and the if applicable (NO        | OTF: Registered     | Ages: signature requi | red whon reinstating)   | DATE                           |
| <del></del>  | AND DIRECTORS                          | 13.                 |                       | ADDITIONS/CHANGES TO OFFICER  |                                |
| TITLE PSTO   | DELETE                                 | E 1.1 TITLE         |                       | ,   | Change  Addition               |
| NAME STREET ADDRESS CITY-ST-21P  AME  RUJE  RUJE | 1( <del>)</del>                        | 1.2 NAME            |                       |   | 1:                             |
| STREET ADDRESS 2 7 131   | A 1203                                 | 1.3 STR             | eet address           |   | [ i                            |
| CITY-ST-ZIP  | 7 built                                | 1.4 CITY-ST-ZIP     |                       |   |                                |
| TITLE ATTMONTS   | .32714 DELETE                          | 21111               | ŧ [                   |   | Change 📮 Addition              |
| NAME   | ,                                      | 2.2 NAM             | 1E                    |   | }                              |
| STREET ADDRESS   |  | 2 3 STR             | EET ADDRESS           |   |                                |
| CITY-ST-ZIP  | 1 00 555                               |                     | Y-ST-ZIP              |   |                                |
| TITLE  | DELĒTĒ 3.1 TII                         |                     | 1                     |   | ☐ Change ☐ Addition            |
| NAME .   |  | 3 2 NAN             |                       |   |                                |
| STREET ADDRESS   |  |                     | EET ADDRESS           |   |                                |
| CITY-ST-ZIP<br>TITLE   | DELETE                                 | 3.4 CIT<br>4.1 TITL | Y-ST-ZIP              | 80000250  | Con Addition                   |
| NAME   | <del>-</del>                           |                     | - 1                   | - <b>04</b> /24/980109:   | LILI Orazige ☐ Addition ☐      |
|  |  | 4 2 NA              |                       | ***165.110  | 1 7773                         |
| STREET ADDRESS   |  |                     | EET ADDRESS           | <b>ですす 1 (.).3 ± 1,1(.)</b>   | 1                              |
| CITY-ST-ZIP TITLE  | ☐ DELETE                               | 5.1 TITL            | -ST-ZIP               |   | Change Addition                |
| NAME   | - 500016                               | 5.2 NAM             | i                     |   | T cumile T vacarioti           |
| STREET ADDRESS   |  |                     | EET ADDRESS           |   | ~~~                            |
| CITY-ST-ZIP  |  |                     | '-ST-ZIP              |   | 4.24                           |
| TITLE  | 5.4 CI  DELETE 6.1 TII                 |                     |                       |   | Change Addition                |
| NAME   |  | 6.2 NAM             | i                     |   | E change E rounium             |
| STREET ADDRESS   |  | 9                   | ET ADDRESS            |   |                                |
| City-S1-ZIP  |  |                     | -ST-ZIP               |   | 1                              |
| OILL ST. Fit   |  | 0.4 (111            | 01:41                 |   |                                |

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.

SIGNATURE:

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR