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

B- 8 02

FILED Apr 20 1998 8:00am Secretary of State

1. Corporatio	MEN # P9500 A CORPORATION	00085832 (0))			1878) AUDI 18188 AINA AIRA 1881
Principal Place of Business Mailing Address					! #8611084 PIQ JUIOT BIATI BBAR GUITI BBAR!	EBYEL CITER WELDE THYE THE TOOL TOTAL
250 S SYKES CREEK PARKWAY, B-802 MERRITT ISLAND FL 32952		250 S SYKES CREEK P	250 S SYKES CREEK PARKWAY, B-802 MERRITT ISLAND FL 32952		DO NOT WRITE IN THE	S SPACE
					3. Date Incorporated or Qualified	3 3FACE
					11/07/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3346342	Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Zip					Trust Fund Contribution	Added to Fees
24	Country 25	Zip 29	Country 30	•	8. This corporation owes or has paid the or Personal Property Tax due June 30.	current year Intangible
	9, Name and Address of Curre		100		10. Name and Address of New Registere	
DE	MMER, KENNETH A		81	Name		
250 S SYKES CREEK PARKWAY, B-802				Street Add	ress (P.O. Box Number is Not Acceptable)	
MERRITT ISLAND FL 32052			83			
			L			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	tes, the above	named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent la	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statutes	ino corpora	illoria board or directors. Thereby accept the ap	ppositivient as registered
SIGNATURE	Signature, typed or printed hanse of registered as	nent and tell id applicable (NO	F Registered Age	on signature requi	red when reinstaling) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	•		1.1 TITLE			Change Addition
NAME DEMMER, KENNETH A		1.2 NAME				
STHEEF ADDRESS CITY-ST-ZIP	ASSESS IOLAND CLASSES		1.3 STREET 1.4 CITY-S			
TITLE			2.1 TITLE	1-211		Change Addition
NAME	22		2.2 NAME	[
STREET ADDRESS	. 2		2.3 STREET	address		
CITY-ST-ZIP			2. 4 CITY - 5	ST-ZIP	<u></u>	Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS	■ ***		3.3 STREET	ADDRESS		
CITY-\$1-ZIP	3.4.		3.4. CITY - 9	ST - ZIP		
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME	\$ ************************************		4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP			4.3 STREET	1		
TITLE		DELETE	4.4 CITY-S 5.1 TITLE	7 · ZR		Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		□ neicze	5.4 CITY-S	T- ZIP		Character Character
TITLE		☐ DELETE	6 1 TITLE	}		Change Addition
NAME Street address			6.3 STREET	ADDRESS		
CITY - ST - ZIP			6.4 CITY-S			
	netify that the information supplied	with this filing close not qualify			Section 119 07(3)(i) Florida Statutas I further	certify that the information

r nereby corring that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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 appearance with an addition.