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

1.		Name AS ROOFII		JUU8763U	(4)						
Pri	ncipal Plac	e of Business	- -	Mailing Addres	s			-{			
2784 E. LAKE RD. KISSIMMEE FL 34744				2784 E. LAKE RD. Kissimmee Fl 34744							
								3. Date Incorporated or Qualified	IN THIS SI	ACE	
								11/14/1995			
2.	Principal P	lace of Busin	ess	2a. Mailing Add	ire ss			4, FEI Number			applied For
21				26				59-3342405		⊢ +	ot Applicable
	Suite, Apt.	#, etc.	···	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional
22	Olari B. Otra	·		27							Required
23	City & State	е		City & State				6. Election Campaign Financing	П		May Be
	Zip		Country	28		Country		Trust Fund Contribution 8. This corporation owes or has paid			to Fees
24		· .	25	29	30	_ `		Personal Property Tax due June 3		•	itangibie ∐No
		9. Name	and Address of Curr	ent Registered Agent				10. Name and Address of New Reg			
	TH	OMAS, GEO	RGE R			81	Name				
2784 E. LAKE RD.						82 Street Addre		ess (P.O. Box Number is Not Acceptable	e)		
KISSIMMEE FL 34744								•	·		
						83					
						84	City			85 Zip	Code
<u> </u>	Durana	16 marian	C CO2 O	F00 C07 F00 F1	4. 60.4				<u> FL</u>		
	office or re agent. I as	egistered age m familiar wit	ent, or both, in the Sta h, and sccept the obl	ite of Florida. Such char igations of, Section 607	ige was auti .0505. Floric	horized by	the corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	the appoi	ntment a	s registered
Sic	NATURE										
L		Signature, typed o	or printed name of registered a	agent and title if applicable.		Registered Agen		ed when reinstaling)	DATE		
12.	·			agent and title if applicable.		Registered Agen			DATE RS AND [DIRECTO	RS <u>IN</u> 12
12.	E	D	OFFICERS A	agent and title if applicable.	(NOTE: R	Registered Agen		ed when reinstaling)	DATE RS AND [
12. TITL	E	D	OFFICERS A	agent and title if applicable.	(NOTE: R	Registered Agen	nt signature require	ed when reinstaling)	DATE RS AND [DIRECTO	RS <u>IN</u> 12
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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.

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

1178108

FILED

Feb 04 1998 8:00am

Secretary of State