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

DOCUMENT # P95000097611 (4)

FILED Mar 04 1998 8:00am Secretary of State

Principal Plac 952 ORANGE DAYTONA BE	WD MAN, (INC.	Mailing Ad. 730 S. ATI #101-103	dress LANTIC								
US			ORMOND US	BEACH FL 32176	3		ļ	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS S	SPACE		
2. Principal P	Place of Busin	oss	2a, Mailing	2a, Mailing Address				12/27/1995 4. FEI Number		Ar	plied For	
21	Suite, Apt. #, etc.			26				<u>59-3364937</u>			t Applicable	
Suite, Apt.	#, etc.		······	Suite, Apt. #, etc.			ĺ	5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	e			City & State				6. Election Campaign Financing		\$5.00		
23			28	28				Trust Fund Contribution Added to Fees				
Zip		Country	Zip	}		Country		8. This corporation owes or has pa				
24	25 29 29 Name and Address of Current Registered Agent				Personal Property Tax due June 30.				Yes No			
HOOD, CHARLES D JR.						Name		10. Italie and Address of New No.	JISTEFFE P	Saur		
	4 SEABREE				-	<u> </u>		. (0.0 D. M				
					62	Street	4aares	s (P.O. Box Number is Not Acceptab	ie)			
		NCH FL 32118										
SUITE 900 DAYTONA BEACH FL 32118 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida State office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of Section 607 0505, F. SIGNATURE Signature, hyped or printed name of registered agent and line if applicable. (NO. 12. OFFICE RS AND DIRECTORS.)					84	City				85 Zip (Code	
									<u>FL</u>	1 1	i se se el	
office or r	edistered edi	ons of Sections 607 ent, or both, in the S	tate of Florida, Such	change was au	thorized by	the corp	corporation	ation submits this statement for the p n's board of directors. I hereby accep	urpose of t the appo	changing it pintment as	s registered registered	
-	ım ramıllar wit	n, and accept the o	bligations of, Section	607.0505, FIOR	da Statute:	5.					- 1	
SIGNATURE	Signature, typed	or printed name of registere	d agent and life if applicable	(NÖTE:	Registered Age	ent signature	required	when reinstating)	DATE			
	T	OFFICERS		DOLOTE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
	POUCDIE	: ALIMINI	į	1.2		1.1 TITLE 1.2 NAME				Change	Addition	
1			101									
TITLE P NAME SHERIFF, GUINDI STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176					1.3 STREET							
TITLE	OTHIOTA	D DESCRIPTION OF I		DELETE	1.4 CITY - S 2.1 TITLE	1-202				Change	Addition	
NAME			•		2.2 NAME	Ì						
STREET ADDRESS				2.3 \$1								
CITY-ST-ZIP	}				2 4 CITY-	ST-ZIP					,	
TITLE				DELETE	3.1 TITLE					Change	Addition	
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-ST-ZIP			·····		3.4. CITY-	ST-ZIP						
TITLE			ľ	DELETE	4.1 TITLE	}				☐ Change	Addition	
NAME					4. 2 NAME	ļ						
STREET ADDRESS					4.3 STREET							
CITY-ST-ZIP TITLE	 			DELETE	4.4 CITY - S 5.1 TITLE	T- ZIP		·		Change	Addition	
KAME			ı		5.2 NAME				,		- Montooli	
STREET ADDRESS					5.3 STREET	AUUBeec						
CITY-ST-ZIP					5.4 CITY - S	l l						
TITLE				DELETE	6.1 TITLE	11 - 4.81				Change	Addition	
NAME	l		•		6.2 NAME	1						
STREET ADDRESS				6.3 STREET ADDRESS								
						1						

14. Thereby 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:

ill Blink

2-26-98

904-677-1211