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 # P9600000893 (3)

Principal Place 201 LONITA: STUART FL:	e of Business					DO NOT WRITE IN THI 3. Date Incorporated or Qualified 12/26/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	App'	lied For
21		26				65-0634017		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
City & Stat	0	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country	Zip		Country		8. This corporation owes or has paid the o		
24	25	29	30]		Personal Property Tax due June 30.	Yes 🔲	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registers	d Agent	
	EWART, CAROL			B1	Name			
201 LONITA ST STUART FL 34994				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
311	DARI EL 34884			83				
				84	City	F	L 85 Zip Co	ode
agent. I a SIGNATURE	Signature, typed or printed name of registered a					coration submits this statement for the purpose tion's board of directors. I hereby accept the a red when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PVST	☐ DE	LETE	1.1 TITLE		TAPPINOTO TO STREET		Addition
NAMÉ	STEWART, CAROL	, , , , , , , , , , , , , , , , , , , ,		1,2 NAME				
STREET ADDRESS	-1285 SW-20TH-OTREET	20 1 LONITA	37	1.3 STREET	ADDRESS			
CITY-ST-ZIP		srupat pla	4404	1.4 CITY-S	r-zip			
TITLE	D STEWART, CAROL	D£		21 TITLE	ŀ		☐ Change	Addition
NAME STREET ADDRESS	4205 GW 29TH-STREET	201 LAWIA GNANTP(3	57	2.2 NAME	1000000			
CITY-ST-ZIP	PALM CITY FL 34900.	GRANTPI &	1994	2.3 STREET 2.4 CITY - S	- 1			
TITLE		□ DE		3.1 TITLE	1		Change	Addition
NAME			l	3.2 NAME	-			
STREET ADDRESS				3.3 STREET	address			
CITY-ST-ZIP	·		LETE	3.4. CITY - S	T-ZIP			1 4 2 100
TITLE	DELETE		LEIE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME	100000			
STREET ADDRESS CITY-ST-ZIP				4.3 STREET	II.			
TITLE	☐ DELETE		4.4 CITY - ST - ZIP 5.1 TITLE			Change	Addition	
NAME				5.2 NAME	İ			
STREET ADDRESS			į	5.3 STREET	address			
CITY-ST-ZIP				5.4 CITY-S	- Z(P			
TITLE		DE	LETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	address			1

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 open attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE. V

CR2E034 (10/

FILED

Mar 31 1998 8:00am

Secretary of State