## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

City & State    City & State   City	h .	MENT # <b>P96000</b> A system, Inc.	003115 (8)		A LEBANDAN NE LONG BANA BANA BANA BANA BANA BANA BANA BA	1101 11101 11101 11011 BUD 1881
**EDWARD IN LIVINOSION ESO. WINTER PARK FL 3270  **EDWARD IN LIVINOSION ESO. WINTER PA	Principal Plac	e of Business	Mailing Address			ARRA HAUFA INDUL HARRI RUM 1081
2. Modeling Address	1880 PONCE DE LEON BLVE.  - 4-EDWARD M. LYMNOSTON. ESO.  ST. AUGUSTINE FL 32084		SEDWARD M. LIVINGSTON. ESQ.			
SURIO, Apt. 4, etc.    Surio, Apt. 4, etc.	<u> </u>					
Suite. Apt 4, etc.    Since Apt 4, etc.		race of Business	h—1			<del></del>
22   27   City & State   City & City & State   City & State   City & City			4 - 1			
22 P Country Zp Country Zp Country Zp Country Boll Controlled Cont	22		<b>—</b>		5. Certificate of Status Desired	
Zip   Country   Zip   Size   Country   Zip   Size	City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
9. Name and Address of Current Registered Agent  LINNASTON, EDWARD M 628 ELLEN DRIVE WINTER PARK FL 32790  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-and corporation submite this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was entired 240 by the corporations board of directors. I hereby accept the appointment as registered agent, and termitar with, and eccept the obligators of, Section 607 0506, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-and corporations board of directors. I hereby accept the appointment as registered agent, and termitar with, and eccept the obligators of, Section 607 0506, Florida Statutes.  12. OF FLORIDA STATUTE Symbol or principle of the obligators of, Section 607 0506, Florida Statutes.  12. OF FLORIDA STATUTE Symbol or principle of the obligators of, Section 607 0506, Florida Statutes.  12. OF FLORIDA STATUTE Symbol or principle of the obligators of, Section 607 0506, Florida Statutes.  12. OF FLORIDA STATUTE SYMBOL STATUTE Symbol or principle of the obligators of, Section 607 0506, Florida Statutes.  12. OF FLORIDA STATUTE SYMBOL STATUTE SYMBOL STATUTE STATUTE SYMBOL STATUTE SYMBOL STATUTE SYMBOL STATUTE STATUTE SYMBOL STATUTE STATUTE STATUTE SYMBOL STATUTE						
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent	<u> </u>	— ·	<del>                                     </del>	h		
LIVINGSTON, EDWARD M 628 ELLEN DRIVE WINTER PARK FL 32790  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered statement with, and accopy the chipschies dayment with an acceptable purpose of changing its registered statement with, and accopy the chipschies dayment behave permeted administration of protection of Socion 607	[24]			[30]		
### Street Address (P.O. Box Number is Not Acceptable)  ### Street Address (P.O. Box Number is Number is Not Acceptable)  ### Street Address (P.O. Box Number is Num	ЦΜ			81 Name		
WINTER PARK FL 32790  B3 City FL 85 City FL					dress (P.O. Box Number is Not Acceptable)	
Section   Sect	WW				arous (, i.e. box rambor to riot recopiable)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and another the obligations of Section 607 0506, Florida Statutes.  SIGNATURE    Description   Descript				63		
11. Pursuant to the provisions of Soctions 607 0x00 and 607 1500. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered addition or registered agent. I am familiar with, and accopt the obligations of, Soction 607 0505, Florida Statutes.    SIGNATURE				84 City	FI	85 Zip Code
TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E. Registered Agent signature req	uired when reinstating) DATE	
NAME STREET ADDRESS 1860 PONCE DE LEON BLVD. ST. AUGUSTINE FL  TITLE DVC CRAWFORD, ALAN L STREET ADDRESS CITY-ST-2P  ST. AUGUSTINE FL  DST ST. AUGUSTINE FL  AUGUSTINE AUGUSTINE AUGUSTINE FL  AUGUSTINE AUG					ADDITIONS/CHANGES TO OFFICERS AN	
STREET ADDRESS CITY-ST-ZIP TITLE DVC DVC DELETE Z1 TITLE CRAWFORD, ALAN L STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL Z1 TITLE SEGO SHORE-DRIVE AD BAY (AN S. S. I/b) STREET ADDRESS CITY-ST-ZIP TITLE DST TITLE DST ST. AUGUSTINE FL Z1 TITLE DST ST. AUGUSTINE FL Z2 STREET ADDRESS ST. AUGUSTINE FL ST. AUGU						Li Change Li Addition
ST. AUGUSTINE FL						
TITLE						
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DELETE   ST. AUGUSTINE FL   33.0 %   Street Address   St. AUGUSTINE FL   St. Title   St.	NAME	CRAWFORD, ALAN L	a	22 NAME		
DELETE   ST. AUGUSTINE FL   33.0 %   Street Address   St. AUGUSTINE FL   St. Title   St.	STREET ADDRESS	6200 CHORE DRIVE PO BOX	384,(RKZ 5.R/6)	2.3 STREET ADDRESS		
NAME STREET ADDRESS 1860 PONCE DE LEON BLVD. ST. AUGUSTINE FL 34. CITY-ST-ZIP  TITLE DELETE 4.1 TITLE CITY-ST-ZIP  BURTON, KRISTEN M. 4.2 NAME  STREET ADDRESS 1860 PONCE DE LEON BLVD. 4.3 STREET ADDRESS 1860 PONCE DE LEON BLVD. 4.3 STREET ADDRESS 5T. AUGUSTINE FL 44. CITY-ST-ZIP  TITLE DELETE 5.1 TITLE CHANGE ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE CHANGE ADDRESS 5.3 STREET ADDRESS		SI. AUGUSTINE PL, 32639	5			
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ST. AUGUSTINE FL   34. CITY - ST - ZIP	,					
TILE D DELETE 4.1 TITLE						
NAME   BURTON, KRISTEN M.   4.2 NAME			☐ DELETE			Change Addition
STREET ADDRESS   1860 PONCE DE LEON BLVD.   4.3 STREET ADDRESS   5T. AUGUSTINE FL   4.4 CITY - ST - ZIP		_	_			
ITILE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         DELETE         61 TITLE         Change         Addition           NAME         62 NAME         Change         Addition	STREET ADDRESS	1860 PONCE DE LEON BLVD.				
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME	CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME	TITLE		☐ DELETE	5.1 TITLE		Change Addition
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NAME 6.2 NAME			Portere			
	j		L. DELETE	<b>1</b> i		L Change L Addition
	STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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.

Vice President

6.4 CITY-ST-ZIP