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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 11 1998 8:00am Secretary of State

ARNOL	D ASSOCIATES ORLANDO,e of Business DIA AVE	Mailing Address 121 N OSCEOLA AVE CLEARWATER FL 34615			1888 1888 8881 1888 1888 1888
-Valinnini (Er	i i p www.	AFFURNATED LE 34019		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 01/11/1996	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3354968	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		Cdv R State			Fee Required
23 City & Stat	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren			10. Name and Address of New Registers	d Agent
AR	NOLD, LEE E JR		81 Name		
121 N OSCEOLA AVE CLEARWATER FL 34615			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		Ì
			84 City		85 Zip Code
				F	L
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the above-named corporate	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I a	rn familiar with, and accept the obliga	ations of Section 607.0505, Flo	orida Statutes.	ions board of directors. Thereby accept the a	ppolitiment as registered
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS ANI		Registered Agent signature require		
12.	D OFFICERS AND	DELETE	13. 1.1 TALE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ARNOLD, LEE E JR	_ vacet	1.2 NAME		
STREET ADDRESS	121 N OSCEOLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP		3185	1.4 CITY-ST-ZIP		
TITLE	Pars, 0.47	DELETE	2.1 TITLE		Change Addition
NAME	tag yord		2.2 NAME		
STREET ADDRESS	41 Weymonth Da	We	2.3 STREET ADDRESS		
CITY-ST-ZIP		4624	2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 THTLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T SELECT	4.4 CITY - ST - ZIP		Channel Taken
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 GITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		- precit	6.2 NAME		C Attende C requiron
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
14. hereby c	certify that the information supplied w	ith this filing does not qualify fo	6.4 CITY-ST-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplementa	I annual forcet is true and according	orate and that my signatur	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made upon by Chapter 607. Florida Statutes, and the	under oath; that I am an

Block 12 or Block 13 if changed or on

SIGNATURE: