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 # P9600004671 (9)

GEORGE E. KNOWLES & ASSOCIATES, INC.

Principal	Place	of	Business
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Mailing Address

5837 PERRINE DRIVE

5837 PERRINE DRIVE

FILED Feb 09 1998 8:00am Secretary of State



ORLANDO FL 32808	ORLANDO FL 32808		İ				
0.10.1100 12.0000	0.12.1120 12.0200		DO NOT WRITE IN THE	S SPACE			
			3. Date Incorporated or Qualified				
			01/11/1996				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 15 BEAR TOOTH PATH	26 15 REAR TOOTH	PATH	NOT APPLICABLE	Not Applicable			
Suite, Apt, #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 ORMOND BEACH FLAC	City & State 28 ORMOND BEACH	FLA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 3 2 1 7 4 25 USA		unity レSA	This corporation owes or has paid the opersonal Property Tax due June 30.	current year Intangible			
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
KNOWLES, GEORGE E		81 Name	HOWLES GEORGE E.				
5837 PERRINE DRIVE ORLANDO FL 32808		15	ss (P.O. Box Number is Not Acceptable) BEAR TOOTH PATH				
		83					
		84 City 0 p	MOND BEACH F	<u> </u>			
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
CICMATURE				•			

SIGNATURE		••				
	Signature, typed or printed name of registered agent and title if		Registered Agent signature	required when reinstating) DATE		
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	DELETÉ	1.1 TITLE	P	🔀 Change	Addition
NAME	KNOWLES, GEORGE E		1.2 NAME	KNOWLES, GEORGE E.		
STREET ADDRESS	5837 PERRINE DR		1.3 STREET ADDRESS	15 BEAR TOOTH PATH		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	KNOWLES, GEORGE E. 15 BEARTOOTH PATH ORMOND BEACH, FLA. 32174		
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
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		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			٠:
City-ST-ZIP			5.4 City-ST-Zip			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP			

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.

SIGNATURE:

H JUNG 18F11 (FOLLESI)

1/31/98

(904)615-9957