5-8-98 B- 6847 -C AFTER MAY 1ST IS \$550.00 **FILE NOW: FILING FEE**

PROFIT CORPORATION

ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** P96000006802 (8)

Principal Pla	ce of Business	Mailing Addres 200-150TH AVI MADEIRA BEA	E			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/23/1996
2. Principal Place of Business 2a. Mailing Address			dress			4. FEI Number Applied For
SA	MI		26 Same			59-3453481 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Contificate of Status Desired \$8.75 Additional
27						Fee Required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country Zip		L	Country		8. This corporation owes or has paid the current year Intangible
24			3	0		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	irrent Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
	VELAND, JANINE			["	Haine	
200-150TH AVE				82	Street	Address (P.O. Box Number is Not Acceptable)
MADEIRA BEACH FL 33708			83			
				50		
				84	City	FL 85 Zip Code
SIGNATURE	Slopladre, typed or printed name of registrate OFFICERS	ed agent and little if applicable i AND DIRECTORS	(NOTE			corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered The required when reinstating it is not a compared to the purpose of changing its registered and purpose of changing its registered a
TITLE	1 DVST		_			Evelmo, Janine
NAME	EVELAND, JANINE			1.2 NAME		200 150 Ave
STREET ADDRESS				1.3 STREET ADDRESS		MADEIRA BEACH FL 33708
CITY-ST-ZIP	MADERIA BEACH FL 3370		DELETE	2.1 TITLE	T-ZIP	1 A
TITLE	VP		DELEVE	2.2 NAME		PRESINCOL
NAME	MONTANA, JEAN			2.2 NAME 2.3 STREET	ADDRECC	Montana Jean
STREET ADDRESS	MADERIA BEACH FL 33708		2 4 CITY-		Madeira Cach FL 33708	
CITY-ST-ZIP TITLE	MAUERIA DENOR PL 33/1		DELETE	3.1 TITLE	31- LIF	Change Addition
NAME				32 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-		
TITLE	-		DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS	3			4.3 STREET	ADDRESS	
CITY-ST-ZIP	•			4.4 CITY-5	ST - ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS	s			5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - 5	ST-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME		•		6.2 NAME		
STREET ADDRESS	s			6.3 STREET	ADDRESS	
	i			C L DITY O	** ***	1

14. Thereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation or National States (12 or Block 13 if changing or on a

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an late empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 08 1998 8:00am

Secretary of State