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 # P96000011060 (6)

DR ANY ARRADISTED INA

Principal Place		Mailing Address 2 NORTH TAMAMI TRA	nt.		
SUITE 800- SARASOTA FL-84226-		GUITE 600 BARASOTA FL 24236		DO NOT WRITE IN THI	S SPACE
SAINSOIATE		OHIMOOTH TIE-GUSSA		3. Date Incorporated or Qualified 02/05/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1280 Dolphin Bay Way		261280 Dolphin Bay Way		65-0662032	Not Applicable
Suite, Apt. #, etc 22 Unit 201		Suite, Apt #, etc. 27 Unit 201		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Sarasota, FL		City & State 28 Sarasota, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 34242	Country 25 Sarasota	Zip 29 34242	Country 30 Sarasota	This corporation owes or has paid the opersonal Property Tax due June 30.	XX Yes No
	9. Name and Address of Currer	nt Registered Agent		Name and Address of New Registere	d Agent
ASAS.	W80566966 000cx		82 Street Ad 341 1 83 64 City Mait	dress (P.O. Box Number is Not Acceptable) North Maitland Avenue, Suite	les Zin Codo
agent. I ar SIGNATURE	o the provisions of Sections 607.050 gistared agent, or both, in the State in familiar with and accept the office from the printed time of ring densit age	aligns of, Section 607.0505, F	ites, the above-named co	proration submits this statement for the purpose ation's board of directors. I hereby accept the a	1/98
12.	OFFEIDERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		ND DIRECTORS IN 12 Change Addition
NAME	COX, WILLOUGHBY T JR.		1.2 NAME		
STREET ADDRESS	200 PASADENA PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		

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 supplientential annual report is true and afcurate 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:

4/2/98

407/879-0222

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME

TITLE

NAME

4/2/98

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 07 1998 8:00am

Secretary of State