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

PROFIT CORPORATION ANNUAL REPORT

1998

City & State

NOONE, DAVID 2604 WINDWARD CT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mariham >

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000022330 (0)

Principal Place of Business

2804 WINDWARD CT
ORLANDO FL 32805

2. Principal Place of Business
2. Principal Place of Business
2. Suite, Apt. #, etc.

City & State

| 28 | | Zip | Country | Zip | Zip

## FILED Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

3. Date Incorporated or Qualified

<u>03/12/1996</u>

59-3369623

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

82 Street Address (P.O. Box Number is Not Acceptable)

OHLANDO FL 32805						
			63	ĺ		
1			84	City	FL 85 Zip Code	
At Present to the provisions of Postions 507 0500 and 507 1500 Florido Statute.						
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.						
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	P	E 1.1 T	1.1 TITLE		President Change 1	Addition
NAME	NOONE, DAVID	1.2 N	1.2 NAME		NUMBER	
STREET ADDRESS	2330 BEAUMONT AVE	1.3 S	1.3 STREET ADDRESS		PRESIDENT DECEMBER DE	l
CITY-ST-ZIP	BRONX NY		1.4 CITY-ST-ZIP		DEL FL 32805	
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CITY - ST - ZIP		6.4 C	ITY-S1	1- ZIP_	, <u> </u>	
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.						

Name