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 #

P96000025193

SALLIE MAFLEY, INC.

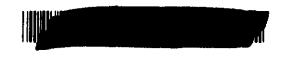
Principal Place of Business

Mailing Address

3046 INDIAN RIVER DRIVE N.E.

3046 INDIAN RIVER DR. N.E.

FILED May 26 1998 8:00am Secretary of State



PALM BAY	, FLORIDA 32905	PALM BAY,	FLORID	ρA	32905	DO NOT WRITE IN THIS S	PACE			
						3. Date Incorporated or Qualified 3–12–96				
2. Principal P	ace of Business	2a, Mailing Address				4. FEI Number		Appl	ied For	
21		26				59-3386009		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zin	Country	Zip	Cour	ntry		8. This corporation owes or has paid the curri				
24	25	29	30] Yes	X	-	
	g. Name and Address of Current	Registered Agent	1			10. Name and Address of New Registered A	gent			
7				81	Name					
MAR	LRY, SALLIE		-	-	Ct-s-t-6-d-d-	on (D.O. Day M. makes in Med Assentable)				
3046 INDIAN RIVER DR. N.E.				82 Street Address (P.O. Box Number is Not Acceptable)						
	M BAY, FLORIDA 3290		Ī	83						
	·		-	84	City	FL	85	Zip Co	de	
office or re agent I ar SIGNATURE	egi <mark>ster</mark> od agent, or both, in the State on familiar with, and accept the oblige	of Fiorida, Such change was tions of, Section 607.0505, F	authorized Iorida State	i by utes.	the corporation	pration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changi intmer	ng its r	egistered gistered	
	Signature, type diociprinted number of registered agen			Ager	nt signature require	d when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Cha		IN 12 Addition	
TITLE	D	☐ DELETE	1.1 717			l	Cria	nge (AUUIIIUII	
NAME !	MAFLEY, SALLIE		1.2 NA	ME						
STREET ADDRESS	3046 INDIAN RIVER I				ADDRESS					
CITY-ST-ZIP	PALM BAY, FLORIDA	32905	1.4 CIT		1 - 7IP				CT - (199	
TITLE		☐ DELETE	2.1 117			•	Cha	nge [Addition	
NAME			2.2 NA							
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CITY-ST-ZIP			2. 4 CI		T- ZIP				4.120	
TITLE		☐ DELETE	3.1 717			l	Cha	nge [Addition	
NAME			3.2 NA		ſ					
STREET ADDRESS			1		ADDRESS					
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NAME			6.2 NA			80000253676 -05/27/980107401:	, •			
STREET ADDRESS					ADDRESS	***150.00	J			
CITY-ST-ZIP			6.4 CIT	1Y - ST	- ZIP	asas Tabarif				

Thereby 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 attachiyent with an address.

(YI 20-CIQ