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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000034977 (4)

JAMES E. KINTNER, P.A.

FILED Apr 03 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		(((((((((((((((((((
		251 MARY ESTHER BLVD			
MARY ESTHER FL 32569		MARY ESTHER FL 32569		DO NOT WRITE IN THIS SPACE	
ı				3. Date Incorporated or Qualified	3 31 AOL
				04/18/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3378027	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
4/18	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Registers	M Agent
	ITNER, JAMES E		or Name		
	MARY ESTHER BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MA	RY ESTHER FL 32569		93		
			83		
			84 City		85 Zip Code
				F	
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Fl	orida Statutes.	,,	
SIGNATURE			F. B		
12.	Signature, typed or printed name of registered OFFICE RS.	AND DIRECTORS	E: Registered Agent signature requests 13.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	TIEDITION OF THE CHOICE	Change Addition
NAME	KINTNER, JAMES E		1.2 NAME		
STREET ADDRESS	251 MARY ESTHER BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569		1.4 CITY-ST-ZIP		
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	<u> </u>	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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 of indicated	certify that the information supplied on this annual report or supplied	I with this filing does not qualify f	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information
STREET ADDRESS CITY-ST-ZIP 14. I hereby a indicated	on this annual report or suppleme	ental annual report is true and acc	6.3 STREET ADDRESS 6.4 City-St-ZiP for the exemption stated in curate and that my signate	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and the	under oath: that I a

SIGNATURE: