2-6-98 B-1609 C 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 # P96000035919 (5)

726 CORPORATION

f	٦,	Ìſ	ıc	ipal	P	lace	of	Busin	1055

Mailing Address

FILED Feb 06 1998 8:00am Secretary of State



Timolpai Flaco of Dusiness		Mailing Address						
728-D NW 81 GAINESVILLE		726-D NW 8TH AVE Gainesville FL 32601						
					DO NOT WRITE IN THI	S SPAC	E	
					3. Date incorporated or Qualified			
					05/01/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3400619		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	•	.75 Additional	
22		27			G. Schmodic of Class Besides		ee Required	
City & Stat	6	City & State			6. Election Campaign Financing		5.00 May Be	
23		28	· [1rust Fund Contribution		dded to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the c			
24	25 9. Name and Address of Curre	29	30		Personal Property 1ax due June 30.	M Yes		
		ut uedisteten vdeur	81	Name	10. Name and Address of New Registered	Agent		
	WRENCE & MUTCH, P.A.		61	name				
	B-D NW 8TH AVE		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
GA	INESVILLE FL 32801		 	ļ	** *			
			83					
			84	City		85	Zip Code	
				1	rporation submits this statement for the purpose	L	,	
SIGNATURE	m familiar with, and accept the oblig				uired when reinstating) [PATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS IN 12	
TITLE	D	DELETE	1.1 THE			C	nange Addition	
NAME	LAWRENCE, F. PARKER		1.2 NAME	1				
STREET ADDRESS	726-D NW 8TH AVE		1.3 STREET	I ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY - S	S1 - ZIP				
TITLE	D	DILETE	2.1 IIItE			CI	nange Addition	
NAME	MUTCH, SAMUEL A		2.2 NAME					
STREET ADDRESS	726-D NW 8TH AVE		23 STHEFT	T ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32601		2. 4 CITY-	ST-71P				
TITLE	D	DELETE	3.1 1111.8			Ct	nange Addition	
NAME	B AUR, ED		3.2 NAME					
STREET ADDRESS	726-D NW 8TH AVE		3.3 STREET	I ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32601		3.4 CITY-	S1- ZIP				
TITLE	D	DELETE	4.1 TITLE			☐ Ch	ange Addition	
NAME	BAUR, JANICE		4. 2 NAME				i	
STREET ADDRESS	10416 NW 18 AVE		4.3 \$1 REE1	ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		4.4 Off Y - S	SI - ZIP			:	
TITLE		DELETE	51 THUE	1		Ch	ange Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREFT	ADDRESS				
CITY-ST-ZIP			5.4 CiTY - S	ST - ZIP				
TITLE		DELFTE	6.1 THILE			☐ Ch	ange Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	ſ				

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.