## 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 # P96000036889 (9)

EDNA HERSHBERGER, INC.													
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Principal Plac	a of Busina	``		oiling Address			<del></del>	_					
Principal Place of Business Mailing Address													
2704 HIDDEN LAKE BLVD 2704 HIDDEN LAKE BLVD APT D APT D													
SARASOTA FL 34237 SARASOTA FL 34237									DO NOT WRITE IN THIS SPACE				
US			U	S 				3.	Date Incorporated or Qualified 04/25/1996				
<del></del>				2a. Mailing Address			4.	FEI Number		1	Applied For		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				ļ	65-0663552	·		Not Applicable	
22				27				5.	Certificate of Status Desired			Additional Required	
City & State				City & State				6.	Election Campaign Financing			May Be	
Zip Country			[26]	·			Country		Trust Fund Contribution This corporation owes or has pai	<del></del>		to Fees	
24	25			29 30			, `		Personal Property Tax due June			ntangibie □ No	
	9, Name	and Address of Curre		tered Agent	100			10.	Name and Address of New Reg		_		
HERSHBERGER, EDNA							Name						
2704 HIDDEN LAKE BLVD, APT D SARASOTA FL 34237						B2	Street Addre	ess (P	ss (P.O. Box Number is Not Acceptable)				
3ANA3U IA FL 3423/					ļ	83				<del></del>			
	<del>-</del>	5 <b>%</b> (			1	84	City		<u> </u>		85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the office or registered agent, or both, in the State of Florida Such change was authorizagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							-named corpo	oration	submits this statement for the po	FL urpose of o	changing	its registered	
office or r agent. I a	egistered ag m familiar w	gent, or both, in the Stati ith, and accept the oblig	e of Florid gations of	ta. Such change was : , Section 607.0505, Fi	authorized orida Statu	by tes	the corporation	on's b	oard of directors. I hereby accep	t the appo	intment a	s registered	
SIGNATURE	Standburg hippo	or printed name of registered ag	and and title	il poplicoble (NO)	C. Basistand		nt signature required		The second second	0.175			
12.	- C-	OFFICERS AN			13.	Myel	ni signatore reduired		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
TITLE	Ď			☐ DELETE	1.1 TITL	E					Change	Addition	
NAME HERSHBERGER, EDNA					1.2 NAME								
STREET ADDRESS 2704 HIDDEN LAKE BLVD, APT D					1.3 STREET ADDRESS								
CITY-ST-ZIP	SARAS	OTA FL			1.4 CiTY	/-\$T	r- ZIP						
TITLE				☐ DELETE	2.1 TITL	E					Change	Addition	
NAME					2.2 NAN	Œ							
STREET ADORESS					. 2.3 STRI	EET /	ADDRESS						
CITY-ST-ZIP TITLE				DELETE	2.4 CIT	<del>-</del> -	T-ZIP		· .		1 01	4.4.00	
NAME				וון טבובונ	3.1 TITL					L	Change	Addition	
STREET ADDRESS					3.2 NAM	_	ADDOCCO						
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NAME					4. 2 NAA					-			
STREET ADDRESS							ADORESS					i	
CITY-ST-ZIP					4.4 CITY								
TITLE	<del></del>	· · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TITLI					I	Change	Addition	
NAME					5.2 NAM	E					•		
STREET ADDRESS					5.3 STAE	ET A	ADDRESS						
CITY-ST-ZIP	<u> </u>				5.4 CITY	- ST	- ZIP						
TITLE		-		☐ DELE <b>TE</b>	6.1 TITLE	:					Change	Addition	
NAME	*.				6.2 NAM	€						Ì	
STREET ADDRESS	•				6.3 STRE	ET A	ADORESS					ľ	
CITY-ST-ZIP					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 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.

CICNATURE.

Edna Alabana

2/0/08

**FILED** 

Feb 18 1998 8:00am

Secretary of State