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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046743 (6)

VIKING ESTATE PLANS, INC.

Principal Place of Business Mailing Address						I TRANIODI NIN IDINO DANKI BUNIN DUNIN DUNIN GUNIN GUNIN GUNIN DUNIN	H	
15 W CHURCH ST		15 W CHURCH ST						
201		201				DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32801 US		ORLANDO FL 32801 US			3, Date Incorporated or Qualified			
}		•				06/03/1996		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied F	Or .	
21		26				<b>59-3387703</b> Not Appli	cable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Addition		
22 City & City		City & State			Fee Required			
City & State		├─¬ ´			Election Campaign Financing \$5.00 May B     Trust Fund Contribution Added to Fees			
Zip Country		Zip Country			Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Injungible			
24	k-n ' k-n ' k-n		30	,		Personal Property Tax due June 30. Yes X No	3	
	9. Name and Address of Curren	4	1			10. Name and Address of New Registered Agent		
GA	RRETT, MARK W		8	I Na	ame			
POHL & SHORT, P.A.			8:	2 Str	eet Addre	ress (P.O. Box Number is Not Acceptable)		
	) <b>We</b> st canton avenue, suite	410						
WINTER PARK FL 32789			8:	'				
			B	4 Cit	.y	FL 85 Zip Code		
44 Pureupni	to the provisions of Sactions 607.050	end 607 1508 Florida Statu	ites the abou	JC-091	ned corp	poration submits this statement for the purpose of changing its regis	lored	
office or r	egistered agent, or both, in the State.	of Florida. Such change was	authorized t	by the	corporation	tion's board of directors. I hereby accept the appointment as registe	red	
1	m (amiliar with, and accept the obliga	tions of Section 607.05 <b>0</b> 5, f	iorida Statuti	JS.				
SIGNATURE	Signature, typed or printed name of registered ages	t and the if applicable (NC	TE: Registered A	gent sigr	nature requirer	red when reinstating) DATE		
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0	L DELETE	1.1 TITLE			Change A	ddition	
NAME	TRAINOR O'BRIEN, GAYLE		1.2 NAME					
STREET ADDRESS	15 W CHURCH ST SUITE 201		1.3 STREET ADDRESS		1			
CITY-SY-ZIP	ORLANDO FL D	DELETE	1.4 CITY-S1-ZIP 2.1 TITLE			Change A	ddition	
NAME	O'BRIEN, FRANK		2.2 NAME		ľ	E change E A	udition	
STREET ADDRESS	15 W CHURCH ST SUITE 201	•	2.3 STREET ADDRESS		FSS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP		1		Ì	
TITLE		DELETE	3.1 TITLE			Change A	ddition	
NAME	32		3.2 NAME		[		Į	
STREET ADDRESS	DRESS		3.3 STREE	T ADDR	ESS			
CITY-ST-ZIP				3.4, CfTY-ST-ZiP			100	
TITLE	, · · · · · · · · · · · · · · · · · · ·		4.1 TITLE	4.1 THILE 4.2 NAME		Change Ar	ddition	
NAME	STREET ADDRESS							
			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		185		i	
CITY-ST-Z#P	<del></del>	DELETE	5.1 THTLE		-	☐ Change ☐ A	ddition	
NAME			5.2 NAME				***	
STREET ADDRESS			5.3 STREE		ES\$			
CITY-ST-ZIP			5.4 CITY		· · · (		1	
TITLE		DELETE	DELETE 6.1 TITLE			Change A	ddition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRI	ESS		[	

14. 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 attachment with an address.