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, # P96000046757 (6)

FILED Apr 01 1998 8:00am Secretary of State

CDSAM	IPLING, INC.				
Principal Plac	e of Business	Mailing Address			[[88]]
130 GREENBF MARCO ISLAI US	RIER STREET	130 GREENBRIER STREET MARCO ISLAND FL 34145 US		DO NOT WRITE	IN THIS SPACE
				3. Date incorporated or Qualified	
			<u></u>	05/07/1996	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 584 C Suite, Apt	Coconut Ave.	26 P.O. Box 2 Suite, Apt. #, etc.	63	65-0699322	Not Applicable
22	w, 510.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Good 1	and, Fl.	28 Goodland.	Fl.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24 34140			30 Collier	Personal Property Tax due June	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	<u> </u>
STEGALL, CONNIE D Stegal				gall-Fullmer, Conni	e D.
	GREENBRIER STREET		102 00017	idaloco (i io: Box ito iibal to itot i cobpias	le)
MA	RCO ISLAND FL 34145		83	Coconut Ave.	
			(30)		}
			84 City	dland,	FL 85 Zip Code 34140
11 Pureuant	to the provisions of Sactions 607 0502	and 607 1508. Florida Statute	s the above-named	corporation submits this statement for the n	JULY 2414U
11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
	m tamiliar with, and accept the obligat	lions of, Section 607,0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELE TÉ	1.1 TITLE	8/T/D	Change Addition
NAME	STEGALL, CONNIE D		1,2 NAME	Stegal1-Fullmer, Con	nnie D.
STREET ADDRESS	130 GREENBRIER STREET		1.3 STREET ADDRESS	584 Coconut Ave.	
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 CITY-ST-ZiP	Goodland, Fl. 341	40
TITLE		☐ DELE te	2.1 TITLE	PD	Change Addition
NAME		_	2.2 NAME	Fullmer, Edward J.	Sr.
STREET ADDRESS		•	2.3 STREET ADDRESS	584 Coconut Ave.	
CITY-ST-ZIP		T ocuse	2. 4 CITY - ST - ZIP	Goodlani, Fl. 341	40
TITLE		☐ DELETE	3.1 TITLE	·	☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	••	11 ///
STREET ADDRESS			5.3 STREET ADDRESS	· ·	1/1 /
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	10000247	6 Blanange Addition
NAME			6.2 NAME	-04/02/980100	12009
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	}
CITY-ST-ZIP			6.4 C/TY-ST-7/P		

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.

300 - DC

21, 2/00 941 642-4925