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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P96000047457 (2)

FILED Jan 26 1998 8:00am Secretary of State

MILE MARKER 50, INC.					
				E TORRINGO HIR HOND BANK ROMA ROMA ORANA BRAKA R	4041 10017 0101 0111 1101 1101
Principal Plac		Mailing Address			
945 INLET CIRCLE 945 INLET CIRCLE VENICE FL 34285 VENICE FL 34285					
VENUCE PL 3	4203	VENICE FL 34285		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				05/30/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ata	Suite, Apt. #, etc.		65-0675629	Not Applicable
22 27		— <u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		10	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent	61 Name	10. Name and Address of New Registere	d Agent
	RELL, LAWRENCE R		61 Name		
945 INLET CIRCLE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
VENICE FL 34285		83			
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above-named corpo	oration 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.					
SIGNATURE		,			
	Signature, typed or printed name of registered ag		Registered Agent signature require		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE NAME	D Corell, Lawrence R		1.1 TITLE 1.2 NAME		L Change L Addition
STREET ADDRESS	945 INLET CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		1.4 CITY-ST-ZIP		
TITLE	0	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CORELL, PATRICIA		22 NAME		
STREET ADDRESS	945 INLET CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		2. 4 CITY - ST - ZIP		
TITLE		☐ DELET E	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		L. J PECETE	4.1 TITLE 4. 2 NAME		Criange C Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		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	61 THLE		Change Addition
NAME			62 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	er i di e	in the first terms of the second	6.4 CITY-ST-ZIP	4.6 67(1)	

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.

1/1/1/ 611/40/8011-