## 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 #

1. Corporation Name P96000048325 (0)

## SYLVANUS CORPORATION

Principal Place of Business Mailing Address

## **FILED** Apr 27 1998 8:00am Secretary of State



2180 PARK AVE N. SUITE 100 WINTER PARK FL 32789		2180 PARK AVE N. SUITE 100 WINTER PARK FL 32789			
***************************************				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
9 Principal Pi	ace of Business	2a, Mailing Address		06/03/1996 4. FEI Number	Applied For
21		26		59-3386335	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the o	
24	25 Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
014	<del></del>	un negisteren Agent	81 Name	10. Maille dilla Addidas di Hon Hogistore	a Agont
	AMPION, CHARLES J JR				
	O PARK AVE N, SUITE 100		82 Street A	Address (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789					
			<b>84</b> City	F	85 Zip Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, 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, Soction 607.0505, Florida Statutes.					
-	m laminar with, and accept the oblig	gations of, Socion our 9909, the	illa Statutes.		
SIGNATURE	Stgrature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered Agent signature		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	☐ DELETE	1.1 TITLE	STD D	Change
NAME	CHAMPION, CHARLES J JR.		1.2 NAME		
STREET ADDRESS	2180 PARK AVE N, STE. 100	)	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Karl H. Williamson	Change Addition
NAME			2.2 NAME	2180 Park drewe North	00100
STREET ADDRESS			2.3 STREET ADDRESS	5/80 fort drive work	) 101161-0
CITY-ST-ZIP		T per exe	2. 4 CITY - ST - ZIP	Winter Park, FL 32789	
TITLE		DELETE	3.1 TITLE	Janet C. Mouquin 2180 Park Avanue North, S	TI CURUÑA NO MONTON
NAME			3.2 NAME	Janes C. Story Unethor	ite100
STREET ADDRESS			3.3 STREET ADDRESS	Winter Park FL 3278	la la
CITY-ST-ZIP		T DELETE	3.4. CITY - ST - ZIP	MINITER PORT FL 3218	Change Addition
TITLE		L_J DELETE	4.1 TITLE		C overife C vocilion
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		[_] טנונונ	5.1 IIILE 5.2 NAME		C. Visingy C. Pessillon
NAME OTDETT ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADORESS			5.3 STMEET ADDRESS 5.4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME	*		6.2 NAME		
STREET ADDRESS	;		6.3 STREET ADDRESS		
			6.4 CITY - ST - ZiP		
CITY-ST-ZIP	certify that the information supplied	with this thing does not qualify for	or the exemption state	ed 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 control on the required by Chapter 607. Florida Statutes, and that my name appears in					
14. Thereby certify that the information supplied with this thing 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 of 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 control to or the required 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 chapterd, or on an attachment with an address.					