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 # P96000048766 (5)

1.			ESIDENTIAL OPI		0 (0)				
Principal Place of Business Mailing Address									file deliner americ ambig milism mister fin he
1 2	204 R. SEVENTH ST. 204 R. SEVENTH ST.								
	ALMETTO FL			PALMETTO	PALMETTO FL 34221 US			DO NOT WRITE IN THIS SPACE	
U	8			US					
								 Date Incorporated or Qualified 06/05/1996 	
_	Principal Place of Business			2a. Mailing A	2a. Mailing Address			4. FEI Number	Applied For
21				26				65-0674562	Not Applicable
22	Suite, Apt	#, e ic.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State			City & St	City & State			6. Election Campaign Financing	\$5.00 May Be
23				28				Trust Fund Contribution	
Ц	Zip Country		Zip	Country		,	8. This corporation owes or has paid the current year Intangible		
24			25	[29]		30		Personal Property Tax due June 30. 10. Name and Address of New Registre	Yes No
 	9. Name and Address of Current Registered Agent						Name	10, Name and Address of New Registi	ated Affent
	WESTENDORF, PAUL F 3118 LIVE OAK LANE								
							Street Add	dress (P.O. Box Number is Not Acceptable)	
PALMETTO FL 34221						83	1		
						84	City		85 Zip Code
							<u> </u>		FL
i	SNATURE .		or printed name of registered					rporation submits this statement for the purporation's board of directors. I hereby accept the urod when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	ATÉ
TITL	E	PVST			DELETE	1.1 TITLE			Change Addition
NAA	NAME WESTENDORF, PAUL F				1.2 NAME				
STR	STREET ADDRESS 3118 LIVE OAK LANE				1.3 STREET ADDRESS				
CIT	CITY-ST-ZIP PALMETTO FL					1.4 City - St - ZiP			
TITL	E	D	_		DELETE	2.1 TITLE			Change Addition
NAA	KE		NDORF, PAUL F			2.2 NAME	,		
STR	EET ADDRESS		VE OAK LANE			2.3 STREET	ADDRESS		
_	-ST-ZIP	PALME	TO FL			2. 4 CITY-	ST-ZIP		
TITL		D	· ALAM D	₽	DELETE	3.1 TITLE			Change Addition
NAM	_		, ALAN D.			3.2 NAME			
i e	EET ADDRESS	P.O. BO BRADE				3.3 STREET	1		
_	/-ST-ZIP	DIVIUE	ION FL		DELETE	3.4. CITY - 5	ST-ZIP		☐ Change ☐ Addition
TITL NAM				L.	JULLIA	4.1 TITLE			Ti cuando Ti vidulion
ı	EET ADDRESS					4. 2 NAME 4.3 STREET	ADDRECE		
						4.4 CITY - S	1		
TITL	'-ST-ZIP E				DELETE	5.1 TITLE	11-6H		Change Addition
NAA	i					5.2 NAME			
	EET ADDRESS					5.3 STREET	ADDRESS		į
	-ST-ZIP					5.4 CITY - S			
TITL					DELETE	6.1 TITLE			Change Addition
NAM	1E					6.2 NAME			
STR	EET ADDRESS					6.3 STREET	ADDRESS		
						0.4.0074.0			ļ.

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 co-poration 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 all attachment with an address.

FILED

Apr 24 1998 8:00am

Secretary of State