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 # P96000060593 (6)

Principal Plac		Mailing Address 50 S DIXIE HWY			
VIII		ST AUGUSTINE FL 32095	DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 07/18/1996 	
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59- <u>31322</u> 07	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		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	
24	25		30	Personal Property Tax due June 30.	Yes No
DA	Name and Address of Curre XTER, JOSEPH	ин падівтагал удаці	81 Name	10. Name and Address of New Register	eu Agent
	S DIXIE HWY				
UNIT 9			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	AUGUSTINE FL 32095		83		
			84 City		85 Zip Code
					'L
agent I a SIGNATURE	egistered agent, or both, in the Stati in familiar with, and accept the oblin Signature, typed or printed have of registered a	gations of, Section 607.0505, Flo	uthorized by the corporal rida Statutes. Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP Baxter, Joseph	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	50 S DIXIE HWY UNIT 9		1.2 NAME		
STREET ADDRESS	ST AUGUSTINE FL 32095		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	0171000011112100000	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - 2IP		
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 4.1 TITLE		☐ 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		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME		□ Derese	6.1 THLE 6.2 NAME		P cuande T won((a))
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST-7IP			6.4 CITY - ST - 71P		

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 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.

11/22/06

FILED

May 05 1998 8:00am

Secretary of State