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 # P96
1. Corporation Name
1. Corporat

FILED Apr 22 1998 8:00am Secretary of State

| Principal Place 130 SCOTTSI MARY ESTHE 2. Principal Place Suite, Apt. | R FL 32569 | Mailing Address 130 SCOTTSDALE DRI MARY ESTHER FL 325 2a. Mailing Address 26 Suito, Apt #, etc. | | | DO NOT WRITE 3. Date Incorporated or Qualified 07/25/1996 4. FEI Number 59-3427550 5. Certificate of Status Desired | E IN THIS SPACE | pplied For ot Applicable Additional |
|---|--|---|--|--------------------|--|---------------------------|---|
| City & State | | 27 City & State 28 | | | 6. Election Campaign Financing | \$5.00 | equired May Be |
| Zip 24 | Country | 7(p | Country 30 | | Trust Fund Contribution This corporation owes or has parental Property Tay due, lung | aid the current year Int | to Fees tangible No |
| 9. Name and Address of Current Registered Agent BENNETT, DANNY L 130 SCOTTSDALE DRIVE | | | | | Personal Property Tax due June 10. Name and Address of New Re ss (P.O. Box Number is Not Acceptate | egistered Agent | ~1 IAO |
| 11. Pursuant office or r | RY ESTHER FL 32569 to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | e of Horida. Such change wa | 83 84 slutes, the above- | City | ration submits this statement for the p | FL 85 Zip | Code ts registered registered |
| | Signature, typed or pentist name of rigistered ag | | VOIL Registered Agent | s gnature required | | DATÉ | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTOR Change | RS IN 12 |
| NAME STHEET ADDRESS CITY-ST-ZIP | BENNETT, DANNY L 130 SCOTTSDALE DRIVE MARY ESTHER FL 32569 | _ Juli | 1.2 NAME 1.3 STREET AD 1.4 CHY-ST-2 | | | Unange | ☐ Audicion |
| TIFLE NAME STREET ADDRESS | 2 2 | | 2 1 TITLE 2 2 NAME 2 3 STREET AD | DORESS | | ☐ Change | ☐ Addition |
| CITY-SI-ZIP TILLE NAME STREE1 ADDRESS | | ☐ DELETE | 2 4 CHY-ST- 3 1 THLE 3.2 NAME 3.3 STREET AD | IDRESS | | Change | ☐ Addition |
| CITY - ST - ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.4. CITY - ST- 4.1 THLE 4.2 NAME 4.3 STREET AD | ORESS | | Change | Addition |
| TITLE NAME STREET ACIDRESS | | DELFTE | 4.4 CITY - ST - Z 5.1 TITLE 5.2 NAME 5.3 STREET AD | DRESS | | Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DELETE | 5 4 CITY - ST - 2 6 1 TITLE 6.2 NAME 6.3 STREET AD 6.4 CITY - ST - 2 | DRESS | | ☐ Change | Addition |

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 is supplemental annual report is true and accurate and that my signature shall have the same legal offect 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 chayged, or on an attachment with an address.

4/15/98 850-664-7667