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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**DOCUMENT #** DOCOCOCOCO (O)

Principal Plac	OD'S ANGELS  ce of Business MI TRAIL	OF S.W. FLO	Mailing Addre	ss I <b>Trail</b>								
VENICE FL 34293 VENICE FL 34293								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or C	lualified		<del>.</del>	
								07/26/1996				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number				Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0694587			<del></del>	Not Applicable  5 Additional
22			27					5. Certificate of Status De	sired		T	Required
City & Sta	ite		City & State				6. Election Campaign Fina	ancing		\$5.0	0 May Be	
23			28					Trust Fund Contribution	1		,	ed to Fees
Zip			Zıp		Country			8. This corporation owes	-			
24 25 9. Name and Address of Cur		ddraga of Current			30			Personal Property Tax 10. Name and Address of			Yes d Agent	<b>≥</b> No
		POIGES OF CHILBUR	negistered Agen		81	Name		IU, ITAINO ANG AGGIOSS OF	INOW INO	gistorot	J Agent	
	LLOUGH, LORI	<b>1</b>										<u>.</u> .
4197 TAMIAMI TRAIL VENICE FL 34293			8			Street	Address	(P.O. Box Number is Not	Acceptab	ole)		
"	LINIOL I L 07280				83							
					84	City		·			or 7	ip Code
						1				Fl	L. I	•
		Sections 607.0502 both, in the State o accept the obligat	and 607.1508, Flo of Florida Such chi ions of, Section 60	rida Statutes ange was au 17.0505, Flori	s, the above thorized by da Statute	e-named y the corp s.	corpora coration	tion submits this statement is board of directors. I here	, for the p by accep	ot the ap	of changing opointment	g its registered as registered
SIGNATURE	Signature, typed or printed	name of registered agent	and title if applicable	(NOTE:	Registered Age	ent signature	w beniupen	hen reinstating)		DATE		
12.		OFFICERS AND			13.			ADDITIONS/CHANGES	TO OFFIC	CERS AN		
TITLE	D			DELETE	1.1 TITLE						☐ Chang	e L Addition
NAME	CAMERON, CA				1.2 NAME							
STREET ADDRESS	VENICE FL 34	AR LANE #541			1.3 STREET	ŀ						
CITY-ST-ZIP	D D	283		DELETE	1.4 CITY - S 2.1 TITLE	51-214					☐ Chang	e Addition
NAME	KILLOUGH, LO	)Ri	<del>-</del>		2.2 NAME							
STREET ADDRESS		2.3 STREET ADD										
CITY-ST-ZIP	VENICE FL 34	AR LANE #541 293			2.4 CITY-	ST-ZIP						
TITLE				DELETE	3.1 TITLE						Chang	e Addition
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET							
CITY-ST-ZIP				DC: CTC	3.4. CITY-	ST-ZIP					- Observ	a Addition
TATLE			ليا	DELETE	4.1 TITLE 4.2 NAME						Chang	e Addition
NAME STREET ADDRESS					4. 2 NAME 4.3 STREET							
CITY-\$T-ZIP					4.4 CITY-S	4						
TITLE				DELE <b>TE</b>	5.1 TITLE	11.50					☐ Chang	e Addition
NAME					5.2 NAME			-			·	
STREET ADDRESS					5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY - S	ST-ZIP						
TITLE				DELET <b>E</b>	6.1 TITLE				·	·	Change	e 🔲 Addition
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET	ADDRESS						
CITY-ST-ZIP	!				6.4 CITY - S	T-ZIP						

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 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.

**FILED** 

Jan 15 1998 8:00am

Secretary of State