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 # P96000064848

418582 INC.

FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						_	
5988 DICKENSON GOURT							
FORT MYERS, FL. 33903					DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	
						July 31, 1996	
2. Principal Place of	Business	2a. Mailing				4. FEI Number 7	Applied For
	Suite Apt. #. etc.		SAME Suite, Apt. #, etc.			65-0/46/03	Not Applicable
22 Suite, Apr. #, etc.		27	DI. #, BIÇ.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			tate			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip			Country	/	8. This corporation owes or has paid the curre		
24	25	29	;	30		_ · · · · · · · _ ·	Yes 🔲 No
	lame and Address of C	urrent Registered Ag	ent			10. Name and Address of New Registered A	gent
MARTHA O OVISON - PRESIDENT 181 Name N/						vla	
HARTHA A. DYSON - PRESIDENT 5988 DICKENSON GOURT					Street Address (P.O. Box Number is Not Acceptable)		
5988 DICKENSON GOURT							
FORT MYERS, FL. 33903				83			
	,, , , , , , , , , , , , , , , , , ,	00,00		84	City		85 Zip Code
					L	FL	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, 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, Section 607.0505, Florida Statistics.							
SIGNATURE HARTHA A. D. Y. SON - PRESIDENT DU MATTA Wyord - True. Col. 10198							
Signature 12.	· · · · · · · · · · · · · · · · · · ·	ed agent and the if applicable SIAND DIRECTORS	NO1E:	Registered Age	: signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIDEOTODO IN 10
			DELETE	1.1 10LE			Change Addition
NAME OF	RETARY	-		1.2 NAME	ł	•	
STREET ADDRESS	SEPH A D	YSON	A	1.3 STREET	ADORESS		1:
CITY-ST-ZIP FOR	SEPH A D' 88 DICKE T MYERS, F	N SSN GO	uRT	1.4 CITY - S	j		
TITLE OA	ESIDENT	<u> 00/03</u> [DELETE	2.1 DILE	·····		Change Addition
		15001	•	2.2 NAME	1		
STREET ADDRESS 500	HARTHA A. DYSON 5988 DICKENSON COURT FORT MYERS, FL. 33903				HEET ADDRESS		
CHTY-ST-ZIP FOR	T MUERC	EL 33903		2. 4 CHTY-S	ST-ZIP		
1IFLE	 		DELETE	3.1 THUE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4 CITY-S	ST - ZIP		
THTLE		Ι	DELETE	4.1 TITLE			Change
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			•	4.4 CITY - S	1-7IP		
TITLE		L	☐ DELETE	51 TITLE		/	Chn ddition
NAME				5.2 NAME		A_{I}	11/211
STREET ADDRESS				5 3 STREET	ADDRESS	//</th <th>14/24 </th>	14/24
CITY-ST-ZIP			Louer	5.4 CITY - S	T-ZIP		7 /
TITLE		L	J DELETE	617171.6		2000024998	a Addition
NAME				62 NAME		300002499603° -04/24/3801061008	
STREET ADDRESS			63 STREET		***150.00		
14. Thereby certify th	at the information supplie	ed with this filing does	not qualify for	64 CITY-S'			ify that the information
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 legat effect as if made under oath; that I am an application of the control of t							
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.							
							<i>-</i> 1

SIGNATURE: MARTHA A. D. YSON-PRESIDENT DU POUTLA QUIJOST- PUS COL 10/9

72E034 (10/97