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

**PROFIT CORPORATION ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporatio JLBR, I	MENT # P96000 INC.	0066743 (1)								
Principal Plac	e of Business	Mailing Address				1			FO DINH FOOD U	866  12  10
15 GLENDALE DRIVE KISSIMMEE FL 34744		15 GLENDALE DRIVE KISSIMMEE FL 34744				DO NOT WRITI	E IN THIS	<b>S</b> PACE		
							ate Incorporated or Qualified 08/12/1996			
	Place of Business	2a. Mailing Address			···		El Number		<u> </u>	Applied For
21		26					76-0510811			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et 22						<b>5.</b> C	ertificate of Status Desired			Additional Required
City & State City & State						6. E	lection Campaign Financing			O May Be
Zip	Country	<b>28</b> Zip	Coun	to			rust Fund Contribution	<u> </u>		d to Fees
24 24	25	29	30	шу			his corporation owes or has pa ersonal Property Tax due June		rrent year l X Yes	ntangible No
20	9, Name and Address of Current Registered Agent							dress of New Registered Agent		
	N METER, BRUCE R		- 0	31	Name					
15 GLENDALE DRIVE KISSIMMEE FL 34744			Ĩ	32	Street Addre	ess (P.O	ss (P.O. Box Number is Not Acceptable)			
			[8	B3					_	
				34	City			FL	•   · ·   ·	p Code
11. Pursuant office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State on familiar with, and accept the obligations.	and 607.1508, Florida Statut of Florida. Such change was a	es, the aboauthorized	by	named corpo the corporation	oration s ion's bos	submits this statement for the pard of directors. I hereby acce	purpose o	f changing pointment a	its registered as registered
SIGNATURE	in parilina with, and accept the obliga	tions of, section 607.09 <b>0</b> 5, Fil	orioa statu	108.						
	Signature, typed or printed name of registered agen			Agon	it signature require:			DATE	D DUDEOTO	200 141 40
12.	OFFICERS AND	DELETE	13.	F	<u> </u>	AD	DITIONS/CHANGES TO OFFI	CERS AND	Change	
NAME	VAN METER, JEANNE L		1.2 NAME							
STREET ADDRESS	15 GLENDALE DRIVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CiTy	1.4 CITY-ST-ZIP				_		
TITLE	D DELETE		21 TITLE				_	Change	Addition	
NAME	VAN METER, BRUCE R		2.2 NAN	2.2 NAME						
STREET ADDRESS	15 GLENDALE DRIVE			2.3 STREET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	2.4 CHY-ST-ZIP 3.1 TITLE						Change	Addition
TITLE Name			3.2 NAME						L_1 Unange	, LI Abdillon
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CIT		1					
TITLE		DELETE	4.1 TITL						Change	Addition
NAME			4. 2 NA	ME.						
STREET ADDRESS			4.3 STR	EET A	NDDRESS					
CITY-ST-ZIP			4.4 CITY		- ZIP					
TITLE		☐ DELETE	5.1 TITU		ŀ				L Change	e
NAME OTOTET ADDRESS			5.2 NAM		Dobcec					
STREET ADDRESS City-St-Zip			5.4 CITY		DORESS					
TITLE		DELETE	6.1 TiTL		- 217				Change	Addition
NAME			6.2 NAV	1E						
STREET ADDRESS			6.3 STR	EET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY						_	
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 reference 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.										