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 # P96000067945 (1)

Principal Place of Business 155 NATIONAL PLACE UNIT 145 LONGWOOD FL 32750 Mailing Address 155 NATIONAL PLACE UNIT 145 LONGWOOD FL 32750					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	T		08/12/1996 4. FEI Number	Applied For
21		26			59-3399627	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ıntry	8. This corporation owes or has paid the current	
24	25	29	30		Personal Property Tax due June 30.	
	g, Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Registered Age	<u>nt </u>
WARD, R. CARLTON 1253 PARK STREET CLEARWATER FL 34616				82 Street Ad 83 84 City	ddress (P.O. Box Number is Not Acceptable)	5 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ont and tigo of applicable (No			orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of th	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	
NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, GEORGE 375 CREEK STONE CT. LONGWOOD FL	☐ DETE1E		1	LJ	Change
TOTLE		DELETE	2.1 Ti			Change Addition
NAME			2.2 N	l l		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP	· ·	
TITLE		DELETE	3.1 TI			Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP		
TITLE		DELETE	4.1 10			Change
NAME			4.21	IAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TI	TLE		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 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 captoration of the extraction of the captoration of the ca

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

4/2

407-339-779

FILED

Apr 13 1998 8:00am

Secretary of State