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 # P96000069541 (6)

WETTSTEIN & SABOFF, PA

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Malling Address				- I SOMINON IN COME ONLY ORISE MASKI BASKI CASI	T BITTO TOTAL BISTO BIENT TIBL (DRE	
801 ORIENTE AVENUE #1000 801 ORIENTE AVENUE #			1000	•		
ALTAMONTE SPRINGS FL 32701		ALTAMONTE SPRINGS FL		DO MOT MIDITE IN TH	DO NOT WRITE IN THIS SPACE	
l				3. Date Incorporated or Qualified	IS SPACE	
}				1		
2 Principal P	lace of Business	2a. Mailing Address		08/20/1996 4. FEI Number	Applied For	
	2- Stetzon St	<u> </u>	exsons+		Not Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.	CIDON'S I		\$8.75 Additional	
22	., 5.0.	27		5. Certificate of Status Desired	Fee Regulred	
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 8 ~	ando, FL	28 Orland	o FL	Trust Fund Contribution	Added to Fees	
Zıp	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24 3 28	804 ZE D	29 3 2.80Y	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Gurren	t Registered Agent		10. Name and Address of New Registers	ad Agent	
WETTSTEIN, THEODORE 81 Name						
801 ORIENTA AVE				Address (P.O. Box Number is Not Acceptable)		
STE. 1000				32 Stetson St		
ALTAMONTE SPRINGS FL 32701						
			24 0		11	
			84 City	Orlando F	85 Zip Code 32 804	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose		
office or re	egistered agent, or both, in the State	of Florida, Such change was au	Athorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	appointment as registered	
	minar with and accept the conge	silona or, occitori ocz.coco, i tor	ica biatotos.			
SIGNATURE	Signature, typed or printed name of registered age	ril and trie if applicable (NOTE:	Registered Agent signature	e required when reinstating) DATI	E	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	OK	Addition Addition	
NAME	WETTSTEIN, THEODORE A		1.2 NAME	_	i	
STREET ADDRESS	729 SEVILLE PLACE		1.3 STREET ADDRESS	701 by station S	<u>*</u>	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP	Oclando FL 22	XDY.	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-\$T-ZIP			2.4 CITY - ST - ZIP	•		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		_	3.2 NAME	1	- · ·	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-S1-ZIP			3.4. CITY-ST-ZIP	}	!	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
l i						
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
!)					country regulated	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		C oruste	5.4 CITY-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>		
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

4. 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 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.

SIGNATURE

make fill gettelle

4/6/28

107-650-9080