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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070173 (5)

PETALZ AND ASSOCIATES INCORPORATED

FILED Feb 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				<u>ansu 10011 noudu 11011 (6606 Uxu 1061</u>	
4250 ALAFAYA TRAIL STE. 124 OVIEDO FL 32765		4250 ALAFAYA TRAIL STE. 124 Oviedo Fl. 32765		DO NOT WRITE II	N THIS SPACE		
ONEDO FL 3	2103	OVIEUO FL 32703			3. Date Incorporated or Qualified	111001102	
					08/12/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3394193	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 Additional	
22		27			e, commone of blates beaute	Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	· • • • • • • • • • • • • • • • • • • •		Country		8. This corporation owes or has paid		
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		t Hegistered Agent		81 Name		stered Agent	
	DOLPH SMITH, BARBARA		1	Name			
	7 EDGEWATER DRIVE		Ī	82 Stree	et Address (P.O. Box Number is Not Acceptable	•)	
UH	LANDO FL 32804		ŀ	83			
				84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	ites, the ab	nove-name	ed corporation submits this statement for the pu		
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida, Such change was	authorized	i by the co	orporation's board of directors. I hereby accept	the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of register of edge OFFICERS ANI		13.	Apeni signalu	ure required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12	
TITLE	DCOP	DILETE	1170	ı f	ADDITIONS/OF/ANGES TO OFFICE	Change Addition	
NAME	BANKS, RUTH B		1.2 NA				
STREET ADDRESS	621 UPPER RIVER COURT			reet address	s		
CITY-ST-ZIP	ORLANDO FL 32808			Y-ST-ZIP			
TITLE	SD	DELETE	2 1 1(1			Change Addition	
NAME	SMITH, SHEILA W		22 NA	ME			
STREET ADDRESS	P.O. BOX 1051 N/A		23 \$1	REET ADDRESS	s	•	
CITY-ST-ZIP	AUBURNDALE FL 33823		2 4 CI	TY-ST-ZIP			
TITLE	TD	☐ DELETE	3 1 111	LE		Change Addition	
NAME	BROPHY, ROBBIN B		32 NA	ME			
STREET ADORESS	13021 DESERT FOREST COU	IRT	3.3 \$11	REET ADDRESS	s		
CITY - ST - ZIP				TY-ST-ZIP			
TITLE	U DANKS BODEST K	☐ DELETE	4.1 TIT			☐ Change ☐ Addition	
NAME CTREET ADDRESS	BANKS, ROBERT K	N &	4. 2 N/				
STREET ADDRESS	334 WOODBURY PINES CIRC ORLANDO FL 32828	LE		REET ADDRESS	S		
CITY-ST-ZIP TITLE	VD	DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP		Change Addition	
NAME	BANKS, ROBERT W N	L Dittelt	5.0 NA			C Distrible C Montton	
STREET ADDRESS	1701 S BAYSHORE DR			mil Reet address	•		
CITY-ST-ZIP	MIAMI FL 33133			Y-ST-ZIP	, [
TITLE	marin I E 00 100	DELETE	5 4 CH			Change Addition	
NAME			6.2 NA				
STREET ADDRESS			1	reet adoress	s		
CITY-ST-ZIP				Y-ST-ZIP			
14 1 haraby o	ortify that the information presided	the think their door and an addition			ated in Costion 110 07/2Vi) Florida Statutos I &	when postile that the information	

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatio uppliemental 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 I) if the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in