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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070322 (8)

MORLAN & STOVASH, P.A.

Principal Place of Business Mailing Address					I IOBYIDAN HIO IBAID BAIN BAIN BAIN BAIN BAIN HODH DREAF WINE HAND HAN HAN HAN		
200 SOUTH ORANGE AVE SUITE 1220 ORLANDO FL 32801		200 SOUTH ORANGE AVE SUITE 1220 ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE			
ONDINDO FL	32 9 01	ONEMBEO TE SECOT			3. Date Incorporated or Qualified 08/22/1996		
2. Principal Pl	ace of Business	2a, Mailing Address			4, FEI Number	Apptio	ed For
26					59-3400011	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	iite, Apt. #, etc.			atus Desired S8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Requi	ired
City & State		City & State			Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	Added to F	ees
Zip Country		Zip Country		1	B. This corporation ower a has paid the o		
24 25		29	30		Personal Property Tax due June 30.	Yes 📥	<u> </u>
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Registere	a Agent	
MORLAN, HAROLD E II			81	Name			
200 SOUTH ORANGE AVE			82	Street Adv	Idress (P.O. Box Number is Not Acceptable)		
SUITE 1220			_				
ORL	ANDO FL 32801		83				
			84	City		85 Zip Coc	de
				<u> </u>	proporation submits this statement for the purpose ration's board of directors. I hereby accept the a	<u>L</u>	
SIGNATURE		agent and little if applicabile TO1d (No	13.	eni siyhalifra req	Trinds which reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1 i Title			☐ Change	Addition
NAME	MORLAN, HAROLD E II		1.2 NAME				
STREET ADORESS	200 S ORANGE AVE, STE	1220	1.3 STREE	T ADDRESS			
CITY-\$T-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP		<u></u>		
TITLE	DELETE DELETE		2.1 TITLE			Change L	Addition
NAME	STOVASH, ROVERT N.		2.2 NAME				
STREET ADDRESS	AAA A ARAMAE NE ASE AAAA		2.3 STREE	T ADDRESS			
CITY-ST-ZIP ORLANDO FL			2.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	<u></u>	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	S1-ZIP		····	
TITLE	OF CTC		5.1 TITL€			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELE te	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP

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 corporation of no 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 of on an attachment with an address.