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

0070928 (2)

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
9214 N PALAFOX STREET PENSACOLA FL 32534		9214 N PALAFOX STREET PENSACOLA FL 32534			
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 08/22/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# etc	Suite, Apt. #, etc.		59-3408699	Not Applicable \$8.75 Additional
<u> </u>		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution B. This corporation owes or has paid the	Added to Fees
24	26		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
ROBERTS, TAMMY [81] Name					
614 RAY STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32534			63		
ļ			63		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered at	<u> </u>	Registered Agent signature requir		
12.	PO OF ICERS AI	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ROBERTS, TAMMY	La Diction	1.2 NAME		
STREET ADDRESS	614 RAY STREET		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	PENSACOLA FL 32534		1.4 CITY-ST-ZIP		
TITLE	VSTO	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, CARL		2.2 NAME		ļ
STREET ADDRESS	614 RAY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32534	T briege	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ETREET ANNOESS			3.2 NAME		İ
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I furthe	certify that the information

присыво от this attribut or supplemental ambiar roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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, graph an attachment yith an address.