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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073202 (9)

FILED May 27 1998 8:00am Secretary of State

Principal Plac	S & MAPES, INC.	Mailing Address				
435 10TH AVE W PALMETTO FL 34221		P O BOX 277 PALMETTO FL 34221		DO NOT WRIT	E IN THIS SPACE	
				3. Date Incorporated or Qualified		
				08/27/1996		
	Place of Business	2a. Mailing Address		4. FEI Number	} -	Applied For
Suite, Apt.	th odo	Suite, Apt #, etc.		65-0689324		Not Applicable
22]	, 6 [0.	27		Certificate of Status Desired	1 1	5 Additional Required
City & Stat	te	City & State		6. Election Campaign Financing		0 May Be
23		28		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year	Intangible
24	25	29]	30	Personal Property Tax due Jun		□ No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	APE8, REED W.		81 Name			
	5 10TH AVE., W		82 Street Add	dress (P.O. Box Number is Not Accepta	ıble)	
PA	ALMETTO FL 34221		63			
			53			
			84 City		FL 85 Z	p Code
44 Durauget	to the provisions of Spatians 607 050	02 and 607 1508 Florida Statu	itos the above-named cor	rogration submits this statement for the		n its registered
office or i	registered agent, or both, in the State	c of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby acce	ept the appointment	as registered
	registered agent, or both, in the State am familiar with, and accept the oblig	c of Florida, Such chan ge was gations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	rporation submits this statement for the ation's board of directors. I hereby according	ept the appointment i	as registered
office or a agent. I a SIGNATURE			authorized by the corpora lorida Statutes. It Registered Agent signature requ		ppt the appointment	as registered
	Signature: typod or printed name of registered ag	gent and title if applicable (NC) ND DIRECTORS			DATE	
SIGNATURE	Signature Appell or priviled name of augistered up OFFICERS AN	gent and title if applicable (NC	ITE Registered Agent signature requ	uired when reinstating)	DATE	ORS IN 12
SIGNATURE	Signature hypothor printed name of augustioned appointment of Prince RS AN P MAPES, STEPHEN W.	gent and title if applicable (NC) ND DIRECTORS	Registered Agent signature requ	uired when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature typoid or printed name of registered op OFFICERS AN P MAPES, STEPHEN W. 435 10TH AVE., W	gent and title if applicable (NC) ND DIRECTORS	11. Registered Agent signature requirements 13.	uired when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
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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 oy an attachment with an address.
