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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073826 (5)

DORMAN & ASSOCIATES, P.A.) 1 INDREGORA AND ANALON DULLA DERING ARTHAY BRANKA ARTHAY	(4000 2000) 8099 8 (1)	#1 # 4 (1) (1# 4
	_								
Principal Place of Business Mailing Address						_	4 148 1188 1 (10 1810 6111 48111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111	mun itrat terim 111	## #!!! !###
280 SPRING LAKE HILLS DRIVE PO BOX 1402 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327 US							DO NOT WRITE IN THI	IS SPACE	
}			,	13			3. Date Incorporated or Qualified		
1							08/30/1996		İ
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	- A	pplied For
21				26			59-3397651	N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22 City & Streets				City & State					equired
City & State				28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	_			Zip		У	8. This corporation owes or has paid the current year Intangible		
24	4 25 9. Name and Address of Current F			29 30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
			or Current Hegis	tered Agent	81	Name	10. Name and Address of New Hegistere	a Agent	_
	RMAN, JAI		NDB/C		<u>.</u>	- I Valino			
280 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS FL 32714				82 Street Addr		dress (P.O. Box Number is Not Acceptable)			
					83				
					84	City	F	85 Zip	Code
11 Pursuant	to the provis	ions of Sections	s 607 0502 and 6	07 1508 Florida Stati	ites, the abov	e-named co			ts registered
office or r agent. I a	egistered ag m familiar wi	ent, or both, in th, and accept	the State of Florid the obligations of	da. Such change was f, Section 607.0505, F	authorized b lorida Statute	y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE	Signature, typed	or orinted name of re	egistered agent and title	if applicable. (NO	TE. Registered Ag	ent signature reco	uired when reinstating) DATE		<u></u> -
12.	OFFICERS AND						ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	Ď			DELETE	1.1 TITLE			Change	Addition
NAME	DORMAN, JAMES B JR.			1,2 NAME					
STREET ADDRESS 280 SPRING LAKE HILLS DRI								ł	
CITY-ST-ZIP	ST-ZIP ALTAMONTE SPRINGS FL 327				1.4 C/TY-ST-Z/P				
TITLE	LL DELETE		L DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME				_		
STREET ADDRESS					2.3 STREET ADDRESS				1
CITY - ST - ZIP	Determ		[] Det err	2. 4 CITY-ST-ZIP				1777	
TITLE	[] DELETE		DELETE	3.1 TITLE			Change	Addition	
NAME	1				3.2 NAME				
STREET ADDRESS					3.3 STREET				
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-1 4.1 TITLE	51-4IP		Change	Addition		
NAME	Unique to		4. 2 NAME			3.101190			
STREET ADORESS			4.3 STREET	ADDRESS			Ì		
CITY-ST-ZIP			4.4 CITY - S						
TITLE	☐ DELETE		5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME			_			
STREET ADDRESS					5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY - S	- 1					
TITLE				☐ DELETE	6.1 TITLE		<u> </u>	Change	☐ Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			1

14. 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 cath; 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.