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

FILED May 11 1998 8:00am Secretary of State

1. Corporation		# P90C PANY, INC.	000766	ю ((()							
Principal Place	e of Busines	5	Mailing A	Address				U TOBSIENT ISA INITE NITTY RESIT NESTY NESTY NOTES (NESTS NITTY NITTY IN THE STATE OF THE STATE STATE S			
15175 RESTE	A DRIVE		15175 R	15175 RESTER DRIVE							
BROOKSVILLE				SVILLE FL 34613				DO NOT WINTE IN THE ORACE			
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	7		
								09/16/1996			
2. Principal P	lace of Busin	ness	2a. Mailir	2a. Mailing Address				4. FEI Number Applied For	\dashv		
21			-	26				59-3400224 Not Applicable	:1		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				SS 75 Additional	1		
22			27	27				5. Certificate of Status Desired Fee Required	ı		
City & State	0		City 6	City & State				6. Election Campaign Financing \$5.00 May Be	٦		
23			28					Trust Fund Contribution	_		
		Country	L Zip	Zip Cox			,	8. This corporation owes or has paid the current year Intangible	1		
24	25 29 30 9. Name and Address of Current Registered Agent			30			Personal Property Tax due June 30. Yes No	1			
			urrent Hegistered .	Agent		81	Name	10. Name and Address of New Registered Agent	-{		
GA.	SSMAN, A	LAN S ESQ.					Mairie				
	5 COURT	SIMEEL					Street Ad	et Address (P.O. Box Number is Not Acceptable)			
	TE 102) E1		8			ļ <u>.</u>				
CL	EARWATER	1 FL				-			1		
						84	City	FL 85 Zip Code	7		
11. Pursuant I	to the provis	ions of Sections 60	7.0502 and 607.150	iš. Florida Statut	es the al	OOVE	a-named co		-		
office or re agent. I a	egistered ag m familiar w	ent, or both, in the th, and accept the	State of Florida Suc obligations of, Socti	ch change was a on 607.0505, Flo	authorized orida Stat	d by utes	the corpo s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signature, typed	or tripled name of recists	red agent and title if applica	this (NOT	E Donielerer	(Ana	nd planature to	a required when reinstating) DATE	1		
12.			S AND DIRECTORS		13.		or organization to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-		
TOLE	D			DELETE	1.1 70	ΙE		Change Addition			
NAME	LANGW	ORTHY, PAUL			1.2 NA	ME					
STREET ADDRESS 15175 RESTER DRIVE				1.3 STREET ADDRESS			ADDRESS				
CITY-ST-ZIP	BROOK	SVILLE FL 34613			1,4 CF	TY-S	T-ZIP		- 13		
TITLE				DELÉTE 2.1		2.1 TITLE		Change Addition	,] (
NAME				2.2 N		ME			ı		
STREET ADDRESS				2.3 ST			ADDRESS	4			
CITY-ST-ZIP					2. 4 C	ITY-S	ST-ZIP		↲		
TITLE				DELETE	31717	TLE		Change Addition			
HAME					32 NA				1		
STREET ADDRESS					3.3 ST	REET	ADDRESS	·	1		
CITY-ST-ZIP				T SCIETT			ST-ZIP		4		
TITLE				DELETE	4,1 10			Change Addition	1		
NAME					4. 2 N						
STREET ADDRESS							ADDRESS		1		
CITY - ST - ZIP TITLE				DELETE	4.4 CIT		1- ZIP	☐ Change ☐ Addition	4		
NAME					5.1 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 Cf						
TITLE				DELETE	6.1 Tt1		1 411	☐ Change ☐ Addition	1		
NAME				_	6.2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP			64017			- 1					
									_		

Thereby certify that the information supplied with this filing does not indicated on this annual report or emplemental annual report is true officer or director of the copardation or the repelver or this become of annual Block 12 or Block 13 if phanged, or on an attachment with an address qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an gred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/30/98