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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

MELBOURNE FL 32901

SIGNATURE:

% CHARLES C. KRAWCZYK, ESO.

100 RIALTO PLACE, SUITE 732



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081197 (1)

DAVID Y.W. HO & COMPANY, P.A.

Mailing Address

% CHARLES C. KRAWCZYK, ESQ. 100 RIALTO PLACE. SUITE 732 MELBOURNE FL 32901 FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

										3. Date Incorpora		d		
										09/30/199	6			
2. Principal Place of Business			_ <b>⊢</b>	2a. Mailing Address					Ì	4. FEI Number			<del></del>	pplied For
21				26						<u>59-34054</u>	112			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	City & State						<ol><li>Election Camp</li></ol>	-			May Be			
23	2	28					_	Trust Fund Co				to Fees		
Zip	Country Zip						Country			8. This corporation owes or has paid the current year Intangible				
24 25 29 30 3. Name and Address of Current Registered Agent										Personal Property Tax due June 30.				
			uneill ne	gistered Ager			81	Name		U. Name and Ad	diess of Neir	negistered	Agent	
CAPITAL CONNECTION, INC.														
417 E. VIRGINIA ST.							82 Street Address (P.O. Box Number is Not Acceptable)							
STE. 1 TALLAHASSEE FL 32301-1283							83	L						<del></del>
j ikus	AITMOOEE T	L 3230 1-1203	•											
						ì	84	City				FL	.	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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIGNATURE		•	-											
	ature, typed or pr	inted name of registe			(100)		Age	ant signature re	equired w	hen reinstating)		DATE		22 114 42
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STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						6.4 CIT		J						
14. I hereby certif	fy that the in	formation suppl	lied with th	is filing does r	not qualify f	or the exe	mpl	tion stated	in Sec	tion 119.07(3)(i), i	Florida Statutes	s. I further co	ertify that the	e information
14. I hereby certificated on I officer or direct Block 12 or B	this annual re ctor of the co llock 13 if ch	eport or supple orporation or the anged, or on a	mental ann e receiver n attachme	nual report is to or trustee emp ant with an add	rue and ác cowered to dress.	curate and execute th	tha nis r	at my signa report as re	ature s require	hall have the same d by Chapter 607,	e legal effect a Florida Statute	s if made ures; and that i	nder oath; th my name ar	at I am an opears in