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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000083635 (8)

1	÷ .				
Principal Pla	ce of Business	Mailing Address	*		
2844 CURRY ORLANDO F	FORD ROAD L 32806	2844 CURRY FORD ROAD ORLANDO FL 32806			
2. Principal	Place of Business	2a, Mailing Address			
21		26			
Suite, Apt	#, elc.	Suite, Apt. #, etc.			
22	4	27			
City & Sta	ite	City & State			
23		28			
Z ip	Country	Zip	Country		
24	25	29	30		
	6. Name and Address of Co	urrent Registered Agent			
	J nso n, debbera k		81 Name		
	44 OURRY FORD ROAD		82 Street		
OF	RLANDO FL 32806		83		
	in the second se		83		
	=		84 City		
office or	registered agent, or both, in the \$	7 0502 and 607.1508, Florida Statut State of Florida Such change was a obligations of, Section 607.0505, Fk ed agent and title II of plication (NOT	authorized by the corr		
office or agent. I SIGNATURE	registered agent, or both, in the sam familiar with, and accept the o	State of Florida, Such change was a obligations of, Section 607.0505, Florida add admit and titled in placetile (NOT S AND DIRECTORS	authorized by the corporate Statutes. E. Registered Agent signature 13.		
office or agent. I SIGNATURE 12.	registered agent, or both, in the sam familiar with, and accept the dissipations typed or printed name of register. OFFICERS	State of Florida. Such change was a obligations of, Section 607.0505, Florida ed agent and titled by plicable. (NOT	authorized by the corporate Statutes. E. Registered Agent signature 13. 1.1 TITLE		
office or agent. I SIGNATURE 12. TITLE NAME	registered agent, or both, in the sam familiar with, and accept the configuration typed or protect range of register. OFFICERS P. NUNSON, DEBBERA K	State of Florida, Such change was a obligations of, Section 607.0505, Florida add admit and titled in placetile (NOT S AND DIRECTORS	Buthorized by the corporate Statutes. E. Registered Agent signature 13. 1.1 TITLE 1.2 NAME		
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the sam familiar with, and accept the configuration of register OFFICERS P NUNSON, DEBBERA K 1215 STEVENS AVE	State of Florida, Such change was a obligations of, Section 607.0505, Florida add admit and titled in placetile (NOT S AND DIRECTORS	E Registered Agent signature 13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS		
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FILED May 26 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	ddress			7 TOOTINGE TIO IDIID ANIIL DONI BANK ARTIN DEFEN FORDO NICLE RAIDA NIAN DONI 1004
2644 CURRY FORD ROAD			2844 CURRY FORD ROAD			
ORLANDO FL	32806	ORLANDO	FL 32906			DO NOT WRITE IN THIS SPACE
	- * *					3. Date Incorporated or Qualified
	1- 1- 1-					10/01/1996
	Place of Business	2a. Mailing	Address			4. FEI Number Applied For
21	·····	26				59-3402278 Not Applicable
Suite, Apt.	#, etc.	\vdash	Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & Stat		27 City 8	State		· · · · ·	Fee Required
23		28	Sidle			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	3	90		Personal Property Tax due June 30. Yes No
	Name and Address of Current	nt Registered A	gent			10. Name and Address of New Registered Agent
MU	INSÔN, DEBBERA K			81	Name	
	14 Qur ry ford road			82	Street	Address (P.O. Box Number is Not Acceptable)
OR	Lanido fl 32806					
	7 7 7			83		
	<u>.</u> 5			84	City	85 Zip Code
44 5		10074500	F1 74 B1		İ	FL B 2000
office or r	egiste red agent, or both, in the State	∘ of Florida, Suc⊁	i cha nge wa s au	thorized b	y the cor	d corporation submits this statement for the purpose of changing its registered reoration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Sectio	n 60 7.0 505, Flori	ida Statute	\$.	•
SIGNATURE	Signature typed or printed name of registered ag	ont and title if neitheat	le (NC)7E:	Registered Are	ont signature	e required when reinstating) DATE
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		Change Addition
NAME	Munson, Debbera K			1.2 NAME		
STREET ADDRESS	1215 STEVENS AVE			1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808			1.4 CITY - S	I-ZIP	
TITLE	ST CASH		DELETE	2.1 TITLE		Change Addition
KAME	MUNSON, GARY E			2.2 NAME		
STREET ADORESS	1215 STEVENS AVE Orlando Fl 32806			2.3 STREET		
CITY-ST-ZIP TITLE	ONLANDO PE 32000		DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP	☐ Change ☐ Addition :
NAME				3.2 NAME		Change Abdaton
STREET ADDRESS	<u> </u>			3.3 STREET	ADDRESS	
CITY-\$T-ZIP				3.4. CITY-		
TITLE	-		DELETE	4.1 TITLE		Change Addition
NAME	± .			4. 2 NAME		
STREET ADDRESS	*			4.3 STREET	ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			4.4 CITY - 9	T-ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Ē			5.2 NAME		
STREET ADDRESS				5.3 STREET		
CITY-ST-ZIP			DELETE	5.4 CITY - S	T - ZIP	
TITLE	· .		DELETE	61 THILE		Change Addition
NAME OTRET ADDRESS	÷			6.2 NAME	IDDR:01	
STREET ADDRESS	;			6.3 STAEET		
CITY-ST-ZIP	·			6.4 CITY-S	T-ZIP	

14. Thereby certify that the information supplied with this filling 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 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 13 if changed, or on an attachment with an address.

VIIA.