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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089813 (5)

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				 		
,				1		
734 CENTER STREET 734 CENTER STREET ORMOND BEACH FL 32174 ORMOND BEACH FL 32174						
OTHER DENOTE 12 22/74 OTHER DENOTE P	L 32114			DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualified		
				10/31/1996		
2. Principal Place of Business 2a, Mailing Address				4. FEI Number		Applied For
2126				59-3415372		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc	3 .			5. Certificate of Status Desired	, , , , , , ,	75 Additional
22 27				S. Comments of States Section 1		ee Required
City & State				6. Election Campaign Financing		.00 May Be
23 28				Trust Fund Contribution L	Ac	ided to Fees
Zip Country Zip		ountry		8. This corporation owes or has paid	_	
24 25 29	30	-1		Personal Property Tax due June 30		No
Name and Address of Current Registered Agent		81 Na	me	10. Name and Address of New Regis	erated Ağent	
POLA, JOHN C						
734 CENTER STREET		82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)) .	
ORMOND BEACH FL 32174		83				
		83				
		84 Cit	y		85	Zip Code
D	S	<u> </u>			FL °°	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Soffice or registered agent, or both, in the State of Florida, Such change agent. Lam familiar with, and accept the obligations of, Section 607.050 	statutes, the a was authorize	above-nar ed by the	nea corpo corporatio	iration submits this statement for the purp on's board of directors. I hereby accept t	pose of chang the appointme	ing its registered.
agent. I am familiar with, and accept the obligations of, Section 607.050	05, Florida Sta	atutes.		, ,	,,	, i
SIGNATURE	#1076 D				D. T.	
Signature, typed or pented name of registered agent and tife if applicable 12. OFFICERS AND DIRECTORS			alure required		DATE DIDE	
12. OFFICERS AND DIRECTORS TITLE D DELETI	13. E 11.	TITLE	5	ADDITIONS/CHANGES TO OFFICER	Ch	
HAME POLA, JOHN C		NAME	DA	VID J. BERGDORF		
STREET ADDRESS 734 CENTER STREET				AID 3. NEVG ACK!	a —	silgo <u>pra</u> ricombir
		CIDECT ADDD	cc / 171	OIN-US HWY I	a —	Jango Zariounisir
OTV. ST. 710 ORMOND BEACH FL 32174		STREET ADOR	ss /70	OIN. U.S HWY 1	a	_
CHY-ST-ZIP ORMOND BEACH FL 32174	1.4	CITY-ST-ZIP	ss /70	MOND BEACH, FL	32/7	1
TITLE D DELET	1.4 l	CITY-ST-ZIP THTLF	ss /70	OIN. U.S HWY 1	a	4
THILE D DELETI	1.4 E 21 221	CITY-ST-ZIP THTLF NAME	SS 176	OIN. U.S HWY 1	32/7	1
TITLE D DELETI NAME POLA, ULLIAN STREET ADDRESS 420 CENTER ST	1.4 E 21 221 231	CITY-ST-ZIP THTLF NAME STREET ADDR	ESS 170	OIN. U.S HWY 1	32/7	1
TITLE D DELETI NAME POLA, LILLIAN STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL	1.4 E 21 221 231 2.4	CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	ESS 170	OIN. U.S HWY 1	32/74	ange Addition
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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 on an attachment with an address.