FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMEN

OF STATE

Secretary of S

ATIONS DIVISION OF CORPO

DOCUMENT # P96000091655 (6)

DEEN, FROMANG & LAURENCE, P.A.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					
101 WYMORE ROAD. SUITE 337 ALTAMONTE SPRINGS FL 32714		101 WYMORE ROAD, SUITE 337 ALTAMONTE SPRINGS FL 32714		DO NOT WIDITE IN THE	¢pace		
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a. Maiing Address			11/07/1996 4. FEI Number		Applied For
21		26			59-3410123	h	Not Applicable
Suite, Apt	#, etc.	Suite Apt. #, etc.					Additional
22	• •	27			5. Certificate of Status Desired		Required
City & Stat	6	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent year	Intangible
24	25	29	30			Yes	□ No
	9. Name and Address of Curren	t Registered Agent		+	10. Name and Address of New Registered	Agent	
DE	EN, JEFF		81	Name			
101 WYMORE ROAD, SUITE 337			82	82 Street Address (P.O. Box Number is Not Acceptable)			
AL	TAMONTE SPRINGS FL 32714				,		
			83				
	/ 1		84	City		85 Zi	p Code
				,	FL	_ []	'
11. Pursuant	to the provisions of \$/foliatri: 607.050:	2 and 607.1508, Florida Statu	tes, the abov	e-named co	orporation submits this statement for the purpose cration's board of directors. I hereby accept the app	f changing	its registered
agent. La	m familiar with, and an epithe obliga-	tions of Section 607.0505, FI	aumonzeo b lorida Statule	y me corpor S	ation's poard of directors. Thereby accept the app	opiniment a	as registered
SIGNATURE							
				ent signalure req	pured when reinstaling) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D /	☐ DELET e	1.1 TITLE			Change	e 🔲 Addition
NAME	DEEN, JEFFREY D		1.2 NAME				
STREET ADDRESS	101 WYMORE RD STE 337		1.3 STREE	T ADDRESS			
CITY-\$T-ZIP	ALTAMONTE SPRINGS FL		1.4 CHY-	ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			∐ Change	Addition
NAME	LAURENCE, STEVEN L		2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	e 🔲 Addition
NAME	FROMANG, MARK A		3.2 NAME				
STREET ADDRESS	101 WYMORE RD STE 337		3.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			L] Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	F ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET	r address			1
CITY-ST-ZIP			5.4 CITY - 9	61 - Z (P			
TITLE		☐ DELET e	6.1 TITLE	}		☐ Change	e
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
CITY-ST-ZIP		·-···	6.4 City - 9				
14. Thereby o	ertify that the information supplied w	th this filing does not qualify for	or the exemp	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further ce	artify that th	ne information

Indicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if changed, report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an uslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

407-862-2520