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

DOCUMENT #

P96000101779

1	150 WAREHOUSE	MANACEMEN	r, we		
Principal Pla	ice of Business	Mailing Address		-	
56	03 CHUMUCKLA H	wy P.O. 1	Box 3622		
	CE FL 32571	MIG	TON FL 32572	DO NOT WRITE IN	THIS SPACE
≥ ل		US	, , , ,	3. Date Incorporated or Qualified / 2-/ 196	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3419602	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	ale	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30.	
	Name and Address of Curren		81 Name	10. Name and Address of New Regis	tered Agent
. MA	ACUS HAROLD	€. JR			
MARCUS, HAROLD €. JR 5603 CHUHUCKLA HWY PACE FL 32571			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Sta	itutes, the above-named corporations authorized by the corporation	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing its registered
agent la	am familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statutes.	the board of emotions, this topy doctors in	o appointment as registered
SIGNATURE.					
12.	Signature Typed or protect can of the space of any of OF LICERS AND		NOTE: Registered Agent signature requirer 13.		DATE
			II 13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TRUE	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
TITLE NAME	MARCUS HAROL	DELETE		ADDITIONS/CHANGES TO OFFICER	
	I me a so Cal a sugar.	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	
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64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY Supplied with this filing 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 Suppliemental 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 that got or on an attachment with an address.

SIGNATURE

SIGNAZORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARZ, 1998 (800) 994-8615

FILED

Mar 06 1998 8:00am

Secretary of State

:RZE034 (10/97)