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



FILED

| COF | PROFIT RPORATION UAL REPORT 1998 | | FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORP | | | Secretary of State | | |
|--------------------------------|---|---|--|------------------------------|---------------------------|--|-----------------|--|
| 1. Corporation Principal Place | MENT # P9700 Markwest, In e of Business 18 E. Jeffers rlando, FL 3 | c. Mailing Ad on Street | laress | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | ٦ | |
| | | | | | | January 10, 1997 | | |
| 2. Principal F | lace of Business | 2a. Mailing | Address | | | 4. FEI Number Applied For |] | |
| 21 | # 410 | | 26 | | | 59-3503693 Not Applicable | 4 | |
| Suite, Apt | | 27 | | | | 5. Certificate of Status Desired Sa.75 Additional Fee Required | | |
| City & Stat | e | City & : | State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |] | |
| Z ip | Country Zip | | | Country | | 8. This corporation owes or has paid the current year Intangible | 1 | |
| 24 | 25 | [29] | 30 | | | Personal Property Tax due June 30. Yes No | | |
| | 9. Name and Address of Coseph A. Frei | | 1611 | | 1 Name | 10, Name and Address of New Ragistered Agent | - | |
| 1 | 18 E. Jeffers rlando, FL 3 | on Street | | 8 | | Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code | | |
| office or r agent. I a | to the provisions of Sections 60 egistered agent, or both, in the miliar with, and accept the | 7.0502 and 607.1508. State of Florida, Such obligations of, Section | Florida Statutes, t change was autho 607.0505, Florida | he abo orized a Statut | ve-named by the cores. | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE . | Signature typed or printed name of register | and agent and the if applicable | (NOTE Re | gistered / | gent signatur | e required when reinstating) DATE | ٦ | |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 6 | |
| TITLE | _ | D DELETE | | I | | President | ٤ | |
| NAME | Joseph A. Frein 118 E. Jefferson Street | | | | | Tom DeVocht 118 E. Jefferson Street | CRZE034 (10/97) | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | Orlando, FL 32801 | M | |
| TITLE | Of landor Ph 32001 | | | 21 TIBLE | | Change Addition | 5 | |
| NAME | | | | 2 2 NAM | E | | | |
| STREET ADDRESS | | | • | 23 STRE | E1 ADORESS | | | |
| CITY-ST-ZIP | | | | 2 4 CITY | - \$1 - ZIP | | | |
| TITLE | | , | DELETE . | 3.1 10118 | | Change Addition | | |
| NAME | | | | 3 2 NAM | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 3.4 City 4.1 Title | | Change Addition | 1 | |
| NAME | | | | 4 2 NAV | | | | |
| STREET ADDRESS | | | Į. | | ET AUDRESS | | 1 | |
| CITY - S1 - ZIP | | | | 4 4 CITY | ·ST · ZIP | | | |
| TITLE | | , | DELETE | 5.1 TITLE | | Change Addition | 1 | |
| NAME | | | ł | 5.2 NAM | | 200002545622°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°° | | |
| STREET ADDRESS | | | I | 5 3 S1RF | E1 ADDRESS | ***61.25 | | |
| CITY-ST-ZIP | | | OCCUTA | 5.4 CITY | | | 1 | |
| TITLE | | 1 | DELETE | 61 TILLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 6.2 NAMI | | \bigcap_{α} | l | |

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 supplieriental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 240-2750