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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPO 1998				ary of State CORPOHATIONS			Secretary of State	
1. Corporation	MENT :	•	97000	00848	1 (8)				
		,							
Principal Place of Business				Mailing Address					
5993 GILSON			5993 GILSON AVE						
COCOA FL 32927			COCOA FL 32927						DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address					01/23/1997 4. FEI Number Applied For
21				26					59-3438358 Not Applicable
Suite, Apt. #, etc. 22				Suite, Apt. #, etc.					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be
23				28					Trust Fund Contribution
Zip 24		Country Zip Cou				30	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
			ss of Current R	A 4	nt				10. Name and Address of New Registered Agent
	EDE, JUDITH						81	Name	
5993 GILSON AVE						Ī	82	Street A	Address (P.O. Box Number is Not Acceptable)
	DCOA FL 32	921				ł	83		
						}	84	City	85 Zip Code
	·	- -					l	•	FL '
11. Pursuant office or I	to the provisio registered age	ns of Sect nt, or both	ions 607.0502 a , in the State of	ind 607,1508, FI Florida, Such of	orida Statut tange was i	es, the ab authorized	ove by	named the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent.) a SIGNATURE	ım tarınılar wilr	, and acc	ept the obligation	ins or, Section 6	07.0505, FR	orida Siali	nes		
	Signature, typed or		of registered agenila		(NOI		Ager	ıl signature	required when reinstating) DATE
12.	[LICERS AND I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	13.	IF.	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P - T - S
NAME	ļ					1.2 NA		J	TUDITH A. TIEDE
STREET ADDRESS						1.3 STI	REFT A	ADDRESS	4993 GILSON AVE.
CITY - ST - ZIP		·			DELETE	1.4 CIT		- ZIP	COCOA, FL. 32927
TITLE NAME				.	ו טנננונ	2.1 TIT 2.2 NA		ł	Change Adolton
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP						2.4 CI		T-ZIP	
TITLE				L_	DELETÉ	3.1 717			☐ Change ☐ Addition
NAME STREET ADDRESS	!					32 NA 33 ST		ADDRESS	
CiTY-ST-ZIP	}					3.4. CI		J	
TITLE					DELETE	4.1 717	l E		Change Addition
NAME						4. 2 N/			
STREET ADDRESS CITY-ST-ZIP						4.3 ST		ADDRESS [
TITLE					DELETE	51111			☐ Change ☐ Addition
NAME						5.2 NA	ME	}	
STREET ADDRESS								ADDRESS	
CITY-ST-7IP					DELETE	5.4 CIT 6.1 TIT		- ZIP	Change Addition
NAME				<u></u>		6.2 NA		ĺ	
STREET ADDRESS						6.3 STI	REET	ADDRESS	
CITY-ST-ZIP						6.4 CIT	Y-ST	- 2 IP	

14. Thereby certify that the information 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 is rue 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 curpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

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4-6.98 407-631-8018

FILED

Apr 13 1998 8:00am