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

PROFIT CORPORATION



FILED Feb 26 1998 8:00am

ANNU	JAL REPORT 1998	Socretary DIVISION OF C		Secretary of	of State
DOCU 1. Corporatio		0009105 (2)			NA ARA KAN ARA ARAK AK AR
Principal Plac	e of Business	Mailing Address	·	U 1884/1084 (110 INJIL 1884) 984/1 20414 04111 04111 08	:{40 40401 118F1 08F0F 0FF1 10F1
118 BONITA		118 BONTA		l	
DEBARY FL 32713		DEBARY FL 32713		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				01/27/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, otc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & Stale		6. Election Campaign Financing	\$5.00 May Be
23 Z ₁ p	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	h h	30	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	Urrent year intangible
	9. Name and Address of Curre		721	10. Name and Address of New Registered	d Agent
THO	OMAS, JOSEPH W II		81 Name		
135 NO MAGNOLIA AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			83		
			63		
	•		84 City	FI	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State in familiar with, and accept the oblic	02 and 607 1508, Florida Statule c of Florida, Such change was au attoris of, Section 607,0505, Flor	s, the above-named corp ithorized by the corporatida Statutes.	oration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	,	, ,			
	Signature, typed or protect name of mg stem tag	on and life if applicable (NOTE: ID DIRECTORS	Registered Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	UD DIDECTORS IN 12
12.	PO	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BYRNES, KEITH	_	1.2 NAME		
STREET ADDRESS	118 BONITA		1.3 STREET ADDRESS]
CITY-ST-ZIP	DEBARY FL 32713		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	21 TITLE		Change Addition
NAME	MARINELU, JOHN A		2.2 NAME		ļ
STREET ADDRESS	253 LINDA VISTA ST DEBARY FL 32713		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Í
CITY-ST-ZIP TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BYRNES, ANN		3.2 NAME		1
STREET ADDRESS	118 BONITA		3.3 SYREET ADDRESS		Ì
CITY-ST-ZIP	DEBARY FL 32713	T Street	3.4. CITY-ST-ZIP		Change Addition
TITLE	td Marinelli, Bonny	L] DECETE	4.1 TIFLE 4.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	253 LINDA VISTA ST		4.3 STREET ADDRESS		†
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY+ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME			6.2 NAME		vindings (resultion
STREET ADDRESS			6.3 STHEET ADDRESS		1
C(TV &T 7)D			64 CITY - ST. 7IP	<u> </u>	
14. I hereby o	certify that the information supplied w	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further of shall have the same legal effect as if made is	pertify that the information under oath; that I am an
officer or Block 12	on this attribut report of supplement director of the corporation of the rec or Block V3 / changed, c. on an atta	ar aminar report is true and accordiver or trustee empowered to eachment with an address	xecute this report as requ	Section 119.07(3)(i), Florida Statules, I further of re shall have the same legal effect as if made uniformation in the uired by Chapter 607, Florida Statutes; and that	my name appears in