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

## **FILED** Jul 24 1998 8:00am PROFIT FLORIDA DERARTMENTI OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS p970000 14886 DOCUMENT # DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 6-9 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ₩ No 30 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Anne of registered agent and title if applicable SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12, SIDENT TITLE DELETE 1.1 TITLE JOLDAN NAME 1.2 NAME TURNBERRY DR. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 2.1 TITLE NAME LINDA TOOKES 2.2 NAME 1 32208 W 11th 54 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP EASURE DELETE Change ☐ Addilion 3.1 TITLE TITLE BARKWOOD DR. 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 39277 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP

\*\*\*150.00 6,4 CITY - ST - ZIP 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 or supplemental 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 required empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with an address.

61 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

A 22-98

8000025992

-07/27/98--01054--0**3**2