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

PROFIT CORPORATION ANNUAL REPORT 1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business 1080 DEAN STREET ST. CLOUD FL 34771 POR PROPERTY ST. CLOUD FL 34771				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
A B C C C C C C C C C C		la him a didi		02/21/1997
2. Principal Flace of Business		26. Mailing Address		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e 	City & State	.,	6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	- Zφ 	Country	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Currer	[29]	30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CO	RPORATION SERVICE COMPAN		81 Nam	
1201 HAYS STREET TALLAHASSEE FL 32301-2525			PO 64-00	4 Address (D.O. Day Number in Net Assemble)
			82 Stree	et Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	 85 Z⊕ Code
				FL S FL S FL S FL S FL S FL FL
agent. Fa SIGNATURE	m tamiliar with, and accept the oblig	Alions of Section 607.0505, F	lorida Statules. It Registered Agent a ginate	d corporation submits this statement for the purpose of changing its registered proration's board of directors. I hereby accept the appointment as registered are together which reinstating)
12.	OFFICERS AN	DIDIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TOUCHSTONE, STAN L	□ DELETE	1.1 T(TLE	Change Addition
NAME STREET ADORESS	1090 DEAN STREET		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34771		1.4 COY-\$1-7IP	
TIFLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAMI	
STREET ADDRESS			2.3 STREET ADDRESS	:
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		L] DEFETE	31 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	 	DOLLIE	3.4 CITY-S1-ZIP 4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CHY- S1- 78°	
TITLE		□ OFFETE	5110UF	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY- \$1 - 7(P	
TITLE		DETETE	6.1 1111.5	Change Addition
NAME		•	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-7IP	

14. I hereby certify that the information supplied with this fileg 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 supplied cuttal 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 if changed, or on an altachment with an address.