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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	NUAL REPO 1998	-		Div	Secretary VISION OF CO		Secretary of State	
1. Corpora	UMENT ation Name ND R COMP		970000 SERVICES, IN		8 (3)			
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Principal Place of Business				Mailing Address 316 HAVERLAKE CIR			# saaribal eta ebrit ebeli darit anul barnt barnt barnt barnt bisa ibisa estat birot bit sidi)	
316 HAVERLAKE CIR 316 HAVERLAK APOPKA FL 32712 APOPKA FL 32							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	٦
2. Principa	al Place of Busin	ess		2a. Mailing A	ddress		03/01/1997 . Applied For	
21 Suite A	Apt. #, etc.			Suite, Apt	# etc	····	59 - 3435397 Not Applicable \$8.75 Additional	е
22				27			5. Certificate of Status Desired Fee Required	
City & S	State			City & Sta	te		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Cou	ntry	Zip		Country	8. This corporation owes or has paid the current year totangible	
24		and Add	fress of Current R	29 egistered Ager	3 1t	o <u> </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	-
RIDEOUT, SUSAN M						81 Name	SUSAN M. RIDEOUT	
316 HAVERLAKE CIR APOPKA FL 32712						82 Street	Address (P.O. Box Number is Not Acceptable) 3/6 17 A V ER LAKE CIRCLE	
'						83		٦
						84 City	4-POPKA FL BS Zip Code 327/2	┪
11. Pursua	ant to the provisi	ons of S	octions 607.0502 a	nd 607.1508, FI	orida Statutes		d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	1
agent.	I am familiar wit	th, and a	ccept the obligatio	ns of, Section 6	07.0505, Flori	da Statutes.	FOUT President 3/19/98	
SIGNATUR		or pooled to	ame of registered agent ar	id litte if applicable		JM. RIDE Registered Agent signature	e required when reinstaling) DATE	
12.	Presid	den	OFFICERS AND D		DELETE	13, 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	\exists
NAME			RIDEO	tem,		1.2 NAME		1
STREET ADDRE	SS 3/6 (HAV	ERLAKE	CIRCLE	•	1.3 STREET ADDRESS		ĺ
CITY-ST-ZIP TITLE	APOP	KA	FL 32	7/2	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Additio	\exists
NAME	ROBE	KBS! RT	DENT/SE	COUT	DECEME	2.1 IIILE 2.2 NAME	Condige C Addition	
STREET ADDRE	ss 316	HA	VERLAKE	CIRCL	E.	2.3 STREET ADDRESS		
CITY-ST-ZIP	A-PO	PKK	1 FL 3:	27/2	DC: FTF	2 4 CITY-ST-ZIP		
TITLE NAME	}				DELETE	3.1 HILE 3.2 NAME	Change Additio	1
STREET ADDRE	ss					3.3 STREET ADDRESS		1
CITY-ST-ZIP						3.4. CITY- ST - ZIP		
TITLE					DELETE	4.1 TITLE	Change Addition	╗
NAME						4. 2 NAME		Į
STREET ADDRES	SS					4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE					DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition	\vdash
NAME						5.2 NAME		-
STREET ADDRES	ss					5.3 STREET ADDRESS		-
CITY-ST-ZIP						5.4 CITY-ST-ZIP		╝
TITLE					DELETE	6.1 TITLE	Change Addition	۱
NAME CTOSET ADDUCT						6.2 NAME		
STREET ADDRES	22					6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		-
9111-91-CIF						V.T DILLEGITAR	<u> </u>	_1

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

3/19/98

FILED

Mar 25 1998 8:00am