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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 31 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019017 (7)

MICHAEL A. U. O'QUINN, P.A.

·	·								! 1884 191 110 1 0 180 180 180 180 180 180 180 180 180 180 180
Principal Place of Business Mailing Address							I to a last the latter again again again again the main that the contract that		
28 WEST CENTRAL BLVD. Orlando fl 32801				28 West Central BLVD. Orlando fl 32801					
									DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
A D C C C C C C C C C C									02/28/1997 4. FEI Number Applied For
2. Principal Place of Business				2a. Mailing Address					
21]				Suite, Apt. #, etc.					\$9.75 Additional
Suite, Apt. #, etc.				27					Certificate of Status Desired Fee Required
City & State				City & State					Election Campaign Financing \$5.00 May Be
23				28					Trust Fund Contribution Added to Fees
Zip		Country		Zip 1			ountry	,	8. This corporation owes or has paid the current year Intangible
24		25	29			30			Personal Property Tax due June 30. Yes No
		and Address of C	urrent Heg	ISTEFEC A	Agent		81	Name	10. Name and Address of New Registered Agent
	DUINN, MIC						Ι.	Ivallie	
28 WEST CENTRAL BLVD.							82 Street Ad		Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801							83		
							~		
							84	City	FL 85 Zip Code
11. Pursuant t	to the provis	ions of Sections 60	7.0502 and	607.150	B. Florida Statu	tes, the	above	e-named c	corporation submits this statement for the purpose of changing its registered
office or re	egi s tered ag militar w	jent, or both, in the	State of Flo obligations	rida. Suc of. Section	ch change was on 607.0505. Fl	authoriz Iorida St	ed by atutes	y the corpo s.	oration's board of directors. I hereby accept the appointment as registered
	711 (211111)	an, and attempt the	cgaa	.,					
SIGNATURE	Signature, lyp-od	or printed name of registr	red agent and to	tie if applica	ble (NO	TE: Registe	red Age	ent signature re	required when reinstating) DATE
12.		OFFICER	S AND DIR	FCTORS		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD				☐ DELETE	1.1	TITLE		Change Addition
NAME		N, MICHAEL A .U				1.2	NAME		
STREET ADDRESS 28 WEST CENTRAL BLVD.				1.33			STREET	ADDRESS	
CITY-ST-ZIP	ORLAND	O FL 32801					CITY-S	T-ZIP	The state of the s
TITLE					DELETE		TITLE	1	Change Addition
NAME							NAME		
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP					I DELETE		CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE					☐ DELETE		TITLE		Li Ghange Li Xoorroll
NAME							NAME		·
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP					DELETE	_	CITY-:	SI-ZIP	Change Addition
TITLE							NAME		
NAME CTOTET ADDOTES								ADDRESS	
STREET ADDRESS							CITY-S	- 1	
CITY-ST-ZIP TITLE					DELETE		TITLE	71-211	Change Addition
NAME							NAME		
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP							CITY-5		
TITLE				· · · -	DELETE	_	TITLE		Change Addition
NAME							NAME		
STREET ADDRESS								ADDRESS	
CITIEST PROPERTY						1			

14. I hereby 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 of 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 Chapter 607, or on an attachment with an address.