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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022243 (4)

DENNIS W. CLICK, P.A.

Principal Principal	Place	of	Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



	WMMOUSE ST	2109 MEADOWMOUSE : ORLANDO FL 82837-	ST.		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 03/06/1997	SPACE		
	lace of Business	2a. Mailing Address		<i>(c</i> > 2	4. FEI Number	Applied For		
21 5280		And Advantage Control of the Control	Some Do	AR DS	59-3433250	Not Applicable		
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	MMGE PL 34747	City & State 28 KISSIMM36	A		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 3 47か		⁷¹⁹ 34744	Countr 30	/ 		Yes No		
	9. Name and Address of Current I	Registered Agent		1	10. Name and Address of New Registered	Agent		
	VART, HARRY J		81	Name				
717 Eas t oak street Kissimmee Fl 34744			82	Street Address (P.O. Box Number is Not Acceptable)				
			83					
			84	City	FL	85 Zip Code		
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized b	y the corpora	poration submits this statement for the purpose of ition's board of directors. I hereby accept the app	changing its registered ointment as registered		
SIGNATURE								
 	Signature, typical or protect hance of registered agent a			ent signature rego	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 40		
12.	OFFICERS AND I	DELETE	13.	P, :	5 (Change Addition		
NAME	CLICK, DENNIS W	L. Differi	1.2 NAME	[·, ·	 (· .	E. J. Orleange P. M. Andrews		
STREET ADDRESS	2109 MEADOWMOUSE ST.			I ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-					
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-ST-ZIP		<u></u>	2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP		T energy	3.4. CITY-	ST-7IP				
TITLE		☐ DELETE	4.1 TITLE	ŀ		Change Addition		
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
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TITLE NAME		C Differe	5 1 TITLE			Change Addition		
i i		4	5.2 NAMF 5.3 STREET	ADDRESS				
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TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	or-tir		Change Addition		
NAME			6.2 NAME			conge read(o)		
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 5	ľ				
0111-31-28"	and the state of t	10 To	0.4 (11) - 3	U-ZIF	Castian (10 07/0)(i) Flavida Cast day (5 of			

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 arrural 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 go an attachment with an address.

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