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 # P97000022780 (5)

9. Name and Address of Current Registered Agent

ARDEN J. LEA, P.A.

LEA, ARDEN J

104 MIRACLE STRIP PARKWAY

FT. WALTON BEACH FL 32548

Principal Place	of Business	Mailing Address	DO NOT WRITE IN THIS SPACE					
	104 MIRACLE STRIP PARKWAY FT. WALTON BEACH FL 32548						TRIP PARKWAY ACH FL 32548	
				3. Date Incorporated or Qualified 03/13/1997				
2. Principal Pla	2. Principal Place of Business		ess	4. FEI Number	Applied For			
21		26		59 - 3434 168	Not Applica			
Suite, Apt. #	, etc.	Suite, Apt. #, 27	otc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		B. Election Campaign Financing Trust Fund Contribution Added to Face Contribution				
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No			

84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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

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83

SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable	(NOTE	: Registered Agent signature requir		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND		
TITLE	_] DELFTE	1.1 TITLE			Change	Additio
NAME	LEA, ARDEN J		1.2 NAME				
STREET ADDRESS	104 MIRACLE STRIP PARKWAY		1.3 STREET ADDRESS				
CHY-ST-ZIP	FT. WALTON BEACH FL 32548		1.4 CITY - ST - ZIP				
TITLE		DELETE	2 1 TITLE			Change	Addilio
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
City-St-7IP			2. 4 CITY - ST - ZIP				
TIFLE		DELFTE	3.1 THILE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
C(TY-ST-ZII)			3.4. CITY - ST - 7IP				
TIILE		DELFTE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-S1-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	51 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 NAME				
STHEET ADDRESS			5.3 STREET ADDRESS				
DITY-ST-ZIF			5.4 CHY-ST-ZIP				
IIILF		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
C(TY-S1-2IP			6.4 CITY - ST - 7IP				

14. Thereby certify that the information surplied 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 suppliemental 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 of the foreign of the corporation of the foreign of the corporation of the corporation of the foreign of the corporation officer or director of the corpor Block 12 or Block 13 if change

FILED

Sep 17 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable