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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023847 (1)

Principal Place of Business 2033 WOOD STREET SUITE 220 SARASOTA FL 34237 203 WOOD STREET SUITE 220 SARASOTA FL 34237 20 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 21 22 Applied Fc Suite, Apt. #, etc. Suite, Apt. #, etc. 27 ATTN, Sic. COCANOWER 5. Certificate of Status Desired Fee Required	1
SUITE 220 SARASOTA FL 34237 DO NOT WRITE IN THIS SPACE	
03/17/1997	
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add	
26 301 INOVSTRIAL BLVD. 56-1534743 Not Applic	or
Suite, Apt. #, etc.	
Foo Required	nel
City & State Trust Fund Contribution Added to Fees	
7 Country	
25 29 72032 30 USA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\) No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
BAIRD, GAIL L B1 Name CT CORPORATION SYSTEM	
2033 WOOD STREET 82 Street Address (P.O. Box Number's Not Acceptable) 82 Street Address (P.O. Box Number's Not Acceptable) 83 Street Address (P.O. Box Number's Not Acceptable)	
SARASOTA FL 34237	
84 City PLANTATION FL 85 Zip Code 333324	4
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 12.79.	tered
agent. I am familiar with, and accept the obligations of, Sector 618 1596, Floring Actures.	iieu
SIGNATURE ASSISTANT SECRETARY	
Signature, typed or profit and late if applicable (NOTE: Regulatered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DELETE 1.1 TITLE PRESIDENT & CHAIRMAN BOD Change Add	
NAME GALL L. BAIRD 12 NAME PODGER S. KLINE	
STREET ADDRESS 2033 WOODST. STE 220 1.3 STREET ADDRESS 301 INDUSTRIAL BLVD.	
CITY-SI-ZIP SARASOTA FL 34237 14CITY-SI-ZIP CONWAY AR 72032	
TITLE DELETE 21 TITLE TREASURER & CFO Change Add	ddition
NAME ERIC BAIRD 22 NAME ROBERT S. BLOOM	
STREET ADDRESS 2033 WOOD ST. STE 220 23 STREET ADDRESS 301 INDUSTRIAL BLVD.	
CITY-ST-ZIP SALASOTA, FL 34237 2 4 CITY-ST-ZIP CONWAY, AR 72032— TITLE SECRETARY Change MADE	ddition
NAME SCOTT BAIRD 32 NAME CATHERINE L. KHIGHES	dunion
STREET ADDRESS 2033 WOOD ST. STF 230 3.3 STREET ADDRESS 301 INDUSTRIAL BLVD.	
CHY-ST-ZIP SARASOTA FL 34237 34 CHY-ST-ZIP CONWAY, AR 72032	
TITLE DELETE 4.1 TITLE ASST. SELLETARY Change X Add	ddition
NAME STREET ADDRESS 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ST-ZIP A.2 NAME STATUTE D. SMITH CONNAY, AR 73-032-	
STREET ADDRESS 301 IN OUS TRIAL BLVO	
CITY-ST-ZIP COWNY, AR 72032	
TITLE L. DELETE 5.1 TITLE L. Change L. Add	ddition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Add	ddilion
TITLE Change Add	a-onitori
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	

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 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 12 or Block 13 if changed or on an attagringent with an endress.

5/18/98

CO1.336.1316