## 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

	MENT # P9700 EDERAL TRUSTEE CORP				
Principal Place	a of Business	Mailing Address			//PI //BUU 6410A 1///U BI// 1891
409 SOUTH OLD DIXIE HIGHWAY POST OFFICE BOX		POST OFFICE BOX 158			
		FRUITLAND PARK FL 34	731		
				DO NOT WRITE IN THIS	SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>04/01/1997</li> </ol>	
9 Principal P	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21 26				4. 12. 140.16	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<del></del>	28		Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> ф	Country	8. This corporation owes or has paid the co	
24	25   9. Name and Address of Curre	29 Anni Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
Hill	NT, R	The state of the s	B1 Name	10. Hama and readless of from Hagistonia	. Aguin
	SOUTH OLD DIXIE HIGHWAY				
LADY LAKE FL 32159			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			83		
•			84 City	FI	Zip Code
SIGNATURE	Signature typics or pointed name of registered a	gent and title if applicable (NO)	E: Registered Agent signature r		
12."	D OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12  Change Addition
NAME	HUNT, R ,	L. John	1.2 NAME		CT cuspide CT verticus
STREET ADDRESS	POST OFFICE BOX 158 A	ß	1.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731	•	1.4 CITY-ST-ZIP		Ì
TITLE		DILETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		The sec	3.4. C(TY-ST-2(P		
TITLE		DETELE	4.1 TITLE		Change Addition
NAME ATTEST ADDRESS			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY-ST-ZIP 51 TITLE		Change Addition
MAME		C) OLLI IL	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		. ]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<del></del>	62 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-2IP	•	

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 aunual 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 or an apply-thment with an address

SIGNATURE:

18/91

**FILED** 

Feb 26 1998 8:00am

Secretary of State

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