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



FILED

PROFIT CORPORATION ANNUAL REPORT 1998 PROFIT CORPORATION Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P97000034438 (6)				Apr 29 1998 8:00ar Secretary of State	
	' TRUST, INC.	<i>,</i> 0034436 (0	·)		
Principal Place of Business Mailing Address					
45 W WASHINGTON STREET 45 W WASHINGTON STREET ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		04/16/1997 4. FEI Number Applied Fo	
21	lace of Dusiliess	26. Walling Address		4. FEI Number Applied Fo Not Applied Fo	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additiona	
City & Stat	io .	City & State		Fee Required	_
23	lo	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible	
24	25 g, Name and Address of Cui	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
OR	W WASHINGTON STREET LANDO FL 32801	OUN and SOV 1509 Elected Sta	83 5u:	te 1500 CLANDO FL 85 Zip Code 32801	
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 agost, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with ad accept the obligations of Section 607 0505, Florida Statutes.					
SIGNATURE			NOTF: Registered Agent signature requi	ired when reinstaling) DATE	
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	lition
NAME	DIRECTOR & Presid	Sew.L. Cherrie	1.1 TITLE 1.2 NAME	Change El Aud	ויטוווי
STREET ADDRESS	45 W WASHINGTON STREE	ET	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	2.1 TITLE	Change Add	ition
NAME STREET ADORESS	Michael A. K	CIRK ST	2.2 NAME		
CITY-ST-ZIP	ORLANDO F	L 32801	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	Director	DELETE	3.1 TITLE	Change Add	ition
NAME	MARY M. Ree 6553 GIBSON	ملا در	3.2 NAME		-
STREET ADDRESS	6553 GIBSON	Prive	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, T-L	32807 DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME	ORLANDO, F-1 SECRETARY JAMES W. Res	- O	4.1 TITLE 4.2 NAME	Change - Ruo	IIIOII
STREET ADDRESS	6553 GIBSON	Drive	4.3 STREET ADDRESS		- {
CITY-ST-ZIP	DRLANDO, F	1 32809	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Add	ition
NAME OFFICE ADDRESS			5.2 NAME		ļ
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		ĺ
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Add	ition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
					- 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 or 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 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 attachment with an address.

SIGNATURE: