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

PROFIT
CORPORATION
ANNUAL REPORT
1998

A. 我们就是我们的 \$1. 她们就想法,这些想,看是我想是我的心脏,我们一定只是一个人的,我们就能够了,我想要是是是是是我们的我们



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28 1998 8:00am Secretary of State

	MENT # P970(CH CORPORATION)0034711 (6))		
Principal Place of Business Mailing Address					iin didin loodi hiddi kidi hidi
9224 83RD ST. N. SEMMOLE FL 83777		9224 B3RD ST. N. SEMINOLE FL 33777		DO NOT WRITE IN THIS	SPACE
				Date Incorporated or Qualified 04/17/1997	
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59- 345/647	Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 A. Name and Address of Curr	Z _{(P}	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30. Name and Address of New Registered	Yes 🗌 No
011		ent negistered Agent	81 Name		
922	elivan, anthony j 24 83 RD St. N.		1347	THONY J. SULLIVE gress (P.O. Box Number is Not Acceptable)	11 2
SEMINOLE FL 33777			83	14 83 ED ST N.	
			84 City	MINOLE FI	85 Zip Code 33777
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	1502 and 607, 1508, Florida Statuate of Florida Such change was digations of, Section 607, 0505, F	ites, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE	Signature, typed or printed name of registered	count and titled applicable. (AV	DIE: Registered Agent signature requ	vired when reinslation) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	TIPETHONOGER WICED TO CITY OF THE	☐ Change ☐ Addition
NAME	SULLIVAN, ANTHONY J		1.2 NAME		
STREET ADDRESS	9224 83RD ST. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		1.4 CITY - ST - ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	MCDONELL, LAURA		2.2 NAME		
STREET ADDRESS	109 ASHLEY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. BRAGG NC 28307	_	2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3 1 1 TLE	7-	Change Addition
NAME	SULLIVAN, MARY	•	3.2 NAME		j
STREET ADDRESS	250 PANGOLA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33903		3.4. CITY - ST - ZIP		
TITLE		DEL ete	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		

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 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 of trustre 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 or an algorithm with an appears.

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

utter of sullive

DELETE

DELETE

-12-98 (813)937 3034

Change

Change

Addition

Addition