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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mg/thạm •

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 20 1998 8:00am Secretary of State

	MENT on Name R WORKS	# P970 s, inc.	0003	37397	(1)					
Principal Place of Business Mailing Address					ess					
·					O EAST LAKE STREET					
UMATILLA FL 32784				UMATILLA FL 32784						
•									DO NOT WRITE IN THIS SPACE	
		,							3. Date Incorporated or Qualified	
D. D. L. L. D. L.				Do Mallion Advance					04/24/1997	
2. Principal Place of Business			⊢ ¬	2a. Mailing Address					4. FEI Number 44 2 3 6 4 Applied For	
21 Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					Not Applicable	
22			27	27					5. Certificate of Status Desired Fee Required	
City & State				City & State					Election Campaign Financing \$5.00 May Be	
23			28	28					Trust Fund Contribution Added to Fees	
Zip	Country 25			Zip Country 29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	
	9, Name	and Address of C		stered Agent					10. Name and Address of New Registered Agent	
ELLISON, WILLIAM L 81 Name										
340 EAST LAKE STREET				82 Street Ad			Street	Addre	ss (P.O. Box Number is Not Acceptable)	
UMATILLA FL 32784						Siree: Addres			(
						63				
						84	City		85 Zip Code	
							•	_	FL	
office or r	registered ag	ions of Sections 601 ent, or both, in the : th, and accept the :	State of Flori	da. Such cha	nge was at	uthorized by	the corr	corpo poratio	ration submits this statement for the purpose of changing its registered or's board of directors. I hereby accept the appointment as registered	
SIGNATURE										
12.	Signature, typed	or printed name of register	red agent and little S AND DIREC		(NOTE	Registered Age	nt signature	required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	· OFFICER.	3 AND DITE		ELETE	1.1 TITLE		Dre	251 dent Change \(\text{Addition} \)	
NAME						1.2 NAME		Wi	Mam 1 Ellison	
STREET ADDRESS						1.3 STREET	22390OA	34	D East Lake St.	
CITY-ST-ZIP		, .		•			1.4 CITY-ST-ZIP		natilla, FL 32784	
TITLE					ELETE			<u>~·</u>	☐ Change ☐ Addition	
NAME					2.2 NAME		ĺ			
STREET ADDRESS							2.3 STREET ADDRESS			
CITY-ST-ZIP						2. 4 CITY - ST - ZIP			· ,	
TITLE					DELETE 3.1 TII				☐ Change ☐ Addition	
NAME				3		3.2 NAME	3.2 NAME			
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CITY-ST-ZIP						3.4, CITY - S	T-ZIP			
TITLE	1				ELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME						4.2 NAME				
STREET ADDRESS						4.3 STREET	ADDRESS		,	
CITY-ST-ZIP					SELECTE.	4.4 CITY - S1	- ZiP		01	
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NAME						5.2 NAME				
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CITY-ST-ZIP	 				ELETE	5.4 CITY-ST	- ZIP	<u> </u>	Change Addition	
TOLE				U U	LL616	6.1 TITLE			L. Criange L. Adultion	
NAME CTREET ADDRESS						6.2 NAME	ا مامان		}	
STREET ADDRESS						6.3 STREET				
CITY-ST-ZIP	L		1 21 41 4			6 4 CITY-ST	· //P	- C	ation 440 07/07/3 Florido Chatuton I further portificities the Information	

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 Informatio 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 attachment with an address.

352-669-8598