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

FILED May 05 1998 8:00am Secretary of State

'	MENT # P9700(D L. LITTON & ASSOCIATE	• •)		HI 1901 ILAH 1846 HI 1861
Principal Place of Business Mailing Address				{	186 200 20 100 07 2 0010 2202 2003
5650 LINCOLN CIRCLE E. 5650 LINCOLN CIRCLE E			F .	* *	
LAKE WORTH FL 33463 LAKE WORTH FL 33463			- .	DO NOT WRITE IN THIS	POMOE
				3. Date Incorporated or Qualified	SPACE
				04/28/1997	i
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	21 26			65-0749277	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zio	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	30	B. This corporation owes or has paid the ci Personal Property Tax due June 30.	urrent year Intangible ☐ Yes ☐ No
[24]	g, Name and Address of Curren		[30]	10. Name and Address of New Registered	
1 17	TON, DONALD L		81 Name		
5650 LINCOLN CIRCLE E.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAKE WORTH FL 33463				iress (F.O. DOX Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
			1 1 1	FI	∟ 1 ′
SIGNATURE	egistered agont, or both, in the State in familiar with, and accept the obligation Signature, typed or profes name of registered agon OFFICERS ANI	int and little if applicable (NC	authorized by the corporal forida Statutes. TE Registered Agent signature required. 13.	poration submits this statement for the purpose tition's board of directors. I hereby accept the appropriated when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	LITTON, DONALD L		1.2 NAME		
STREET ADDRESS	5650 LINCOLN CIRCLE E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY+ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3,1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-21P TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C perese	4.1 IIIEE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
HAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 recoiver 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.