## 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

DOCUMENT # P97000039564 (4)

## FILED Mar 30 1998 8:00am Secretary of State

		Mailing Address 267 OAKVIEW PLACE CRESTVIEW FL 32536		DO NOT WRITE IN TH	
9 Principal (	Diago of Business	On Mailing Address		05/05/1997 4. FEI Number	14 0-15
L '	Place of Business  Oakview PL	28. Mailing Address 26 267 Oakule	. 0,	59-3444 832	Applied For Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.	ω / ε.		\$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & Sta	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
	driew, FL.	100	FLI	Trust Fund Contribution	Added to Fees
Zip	Country 25 USA	Zip 29 32536	Country	8. This corporation owes or has paid the	current year Intangible ☐ Yes     No
24 325	9, Name and Address of Curre	11	30 437	Personal Property Tax due June 30.  10. Name and Address of New Registers	
AM	MERILAWYER CHARTERED		81 Name		
949 ALMEDIA AMENILIC			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CC	DRAL GABLES FL 33134			ess (1.0. box number is not notopiable)	
			83		
			84 City		85 Zip Code
11-5		00 1007 1500 51 11 0		<b>F</b>	
11. Pursuant office or	t to th <b>e p</b> rovisions of Sections 607.05 registered agent, or both, in the Stati	02 and 607.1508, Florida Statute e of Florida. Such change was at	s, the above-named corp ithorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
agent. La	am familiar with, and accept the obliq	gations of, Section 607.0505, Flor	ida Statutes.	• ,	
SIGNATURE	Signature, typed or printed name of registered ac	unt and title it emplicable (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	VANOVER, GARY		1.2 NAME		
STREET ADDRESS	267 OAKVIEW PLACE		1.3 STREET ADDRESS		٤١
CITY-ST-ZIP	CRESTVIEW FL 32536		1.4 CITY-SI-ZIP		
TITLE	STD	☐ DELETE	21 TITLE		Change Addition
NAME	VANOVER, DANIELLE		2.2 NAME		
STREET ADDRESS	267 OAKVIEW PLACE		2.3 STREET ADDRESS	:	
CITY-ST-ZIP	CRESTVIEW FL 32536	Drutte	2. 4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	İ		3.3 STREET ADDRESS		1
TALE	•	☐ DELETE	3.4. CHY-ST-ZIP		Change Addition
NAME	İ	•	4. 2 NAME		<b>-</b> · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITCE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS					
SIREE I ADUNESS			63 STREET ADDRESS		

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 if changed, or on an attachment with an address.

TUDE DO MILANO

all: 1/2 mas = 12-10

212-100 000-600