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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P97000045161 (1) DOCUMENT

Principal Plai	CE OF BUSINESS E CREEK COURT IGE FL 32127	Mailing Address 4510 NETTLE CREEK COL PORT ORANGE FL 32127	JAT	DO NOT WRITE IN THE	
2. Principal I	Place of Business	2a, Mailing Address		05/21/1997 4. FEI Number	Applied For
21 66/	BEVILLE RORD	26		59-3448223	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Sa/	TE 117	City & State			Fee Required
	UTH DAYTONA, FL.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	a. This corporation owes or has paid the	
24 32/	19 25 USA	} }	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
RL	JFFNER, ROBERT J		81 Name		
4510 NETTLE CREEK COURT			B2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PC	ORT ORANGE FL 32127				
			83		
			64 City		85 Zip Code
dd Distance	1 to the growing and Co-lines CO2 OF CO			poration submits this statement for the purpos ion's board of directors. I hereby accept the	L 65 2.15 COO6
SIGNATURE 12. TITLE	Signature, typind Printed name of Myllered agent OF FICERS AND	and tilk diapplicable (NOTE DIRECTORS DELETE	Registered Agent signature requir 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	·
NAME	RUFFNER, ROBERT J		1,2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUFFNER, LINDA T		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		2. 4 CITY - ST - ZIP		
TITLE	D SAULUADED DEDNADO O	∐ DEL ETE	8.1 TITLE		Change Addition
NAME	FAULHABER, BERNARD G 3261 SAGEWOOD DRIVE		3.2 NAMÉ		
STREET ADDRESS	PORT ORANGE FL 32127			, SAGEWOOD DRIVE	
CITY-ST-ZIP	D D	DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE NAME	FAULHABER, JUDY D	ר"ו מנרנונ	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS	AND ALAMINAAN NORTH		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS]		5.3 STREET ADDRESS		
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		
- I I I I I I I I I I I I I I I I I I I	1		J. S S JALL . NOOHEGO		

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 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.