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 Feb 16 1998 8:00am Secretary of State

DOCUI 1. Corporation TOOR	n Nanie	# P970 ICTION II, INC	0004655	0 (4)				
Principal Place of Business			Mailing Addi	Mailing Address				
,			_	3129 CRESTED CIRCLE				
3129 CRESTED CIRCLE ORLANDO FL 32837				ORLANDO FL 32837				
								DO NOT WRITE IN THIS SPACE
							- 1	3. Date Incorporated or Qualified
6 Driver at D	None of Duning		Les Maileon A	2a. Mailing Address				05/23/1997 4. FEI Number Applied For
Principal Place of Business 21			}n	26				59 - 34 49528 Not Applicable
Suite, Apl.	#. etc.			Suite, Apt. #, etc.				SR.75 Ariditional
22			├ ─-¬	27				5. Certificate of Status Desired Fee Required
City & State	e			City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip		Country	Zip		Country	r		8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent						Name		10. Name and Address of New Neglisland Agent
TOOR, LARRY D					81			
	29 CRESTE						et Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32837					63	63		
		84 City				FL 85 Zip Code		
11 Pursuant	to the provision	ons of Sections 607	0502 and 607.1508. F	Iorida Statut	les, the above	e-named	corpo	ration submits this statement for the purpose of changing its registered
office or r agent. I a	registered and	ant or both in the SI	ate of Florida. Such o oligations of, Section	:กลกดอ พลร .	autoorized by	/ the corr	ooratio	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed o	a panted name of regulates	ragest and tile if applicable	(NOT	IL: Registered Ag	ent signature	required	(when reinstating) DATE
12.	. OFFICERS AND DIRECTOR							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				☐ DELFTE 1.			۵	☐ Change ☑ Addition
NAME					1.2 NAME		1 -1	box Tarry b.
STREET ADDRESS					1.3 STREET	ADDRESS	3 \	124 Creation Clica
CITY - ST - ZIP	L	T DELET			1.4 CITY-5	ST-ZIP	_0	VIANDO F. 3285
TITLE		□ DEI			21 TITLE	P		, Marker Livinge Livinge Adminstra
NAME				2 2 NAME 2 3 STREET ADDRESS		جعا		
STREET ADDRESS							•	
CITY - ST - ZIP				DELETE	2 4 CiTY- 3.1 TITLE	S1-ZIP		Change Addition
TITLE NAME			L	PEREIL	3.2 NAME		P	Montace
STREET ADDRESS						ADDRESS	70	or, Monte C Appalachus Aus
CITY-ST-ZIP					3.4. CITY-		8,3	21 1 PANE TI 32791
TITLE				DELETE	4.1 TITLE		├ ^	☐ Change ☐ Addition
NAME					4. 2 NAME			
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					4.4 CITY-	ST-ZIP		
TITLE			L	DELETE	5.1 TITLE			Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREE	T ADDRESS		
CITY-ST-ZIP					5.4 CITY-	ST-ZIP		
TITLE			. [DELETE	61 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP	1				6.4 CITY-		<u> </u>	action 119 07/3Vi) Florida Statutes I further certify that the information

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 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.

CIGNATURE.