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

	PROFIT RPORATION IUAL REPORT 1998		FLORIDA DEPAR Sandra B. Secretar DIVISION OF O			
DOC!		77000047	1717		98 OCT 29 PH 12: 15	
1. Corporation	on Name	Nudio, S	me.	-	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac	ce of Business		ing Address		 	
1189	Vright PX	wy.	g			
3t. Walter Greach Il, 32548					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
911 110000 Carry , Carry 2007					Gray 13 97	
	Place of Business	2a. N	Mailing Address	aboline.	4. FEI Number Applied For Not Applicable	
Suite, Apt		S	Suite, Apt. #, etc.	20000	5 Certificate of Status Desired \$8.75 Additional	
Cijy & Sta	Par Car	27	City & State		6. Election Campaign Financing NO \$5.00 May Be	
22 7/1.	Walter Bu	28	5 Ame	Country	Trust Fund Contribution	
24 325	48 26 K	aloux 29	5 Ame	30 Same	8. This corporation cwes or has paid the current year Intangible Personal Property Tax due June 30.	
7	9. Name and Addr	ess of Current Register	/	81 Nam	Name and Address of New Registered Agent	
To the	5 / 3300	FPI.	werka	B2 Street Ac	ones (Mario Presidente)	
9	Tuesti S	27521		83	Mright Therey	
	3/2 m,)	··· 22 3-4/		84 C	QUALTO R 01 E1 85 79 909-110	
11. Pursuant	to the provisions of Sec	ctions 607,0502 and 607	.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
	am familiar with, and ac	cept the obligations of, S	Section 607.0505, Flor	ida Statutes	accins board of directors. Thereby accept the appointment as registered	
SIGNATURE		ne of egistered agent and tale if a		Régistered Agent signature red	SUlfed when reinstating)	
TITLE	Pres	OFFICERS AND DIRECTO	DELETE	132 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Jennefer	I Tale		1 2 NAME		
STREET ADDRESS CITY+ST-ZIP	#ENER.	375	218	1 3 STREET ADDRESS 1 4 CITY+ST-ZIP		
TITLE NAME	50c.	100/1	O 1	2 1 TITLE 2 2 NAME	800002679598-1 -11/03/98-01098-009	
STREET ADDRESS	Konal	a ESValy	¥∙-	2 3 STREET ADDRESS	-11/03/9801098009	
CITY-ST-ZIP TITLE	5Ame		DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE	☐ Change ☐ Addition	
NAME	Freasi	rou Nati		3 2 NAME		
STREET ADORESS CITY-ST-ZIP	Same	Hale as all		3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		
IITLE			☐ DELETE	4 1 TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		
City-ST-ZiP			DELETE	4.4 CITY - ST - ZIP	Change	
TITLE NAME			La bettere	5 2 NAME	☐ Change ☐ Addition	
STREET AODRESS				5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	6 1 TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS				6 2 NAME 6 3 STREET ADDRESS	11.100	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	B. 10/29/98 HM	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated it Section 119.0f(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 chapted, or on an attachment with an address.						
SIGNATURE: SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davie						

I hereby swear that I have not received a notice for Projet Corp. Annual Regart for the year of 1998. Dease maine the 550" Jincerely, Hale Desided