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 # P97000051761 (9)

JEFFREY BOOK, D.O.P.A.

FILED Mar 31 1998 8:00am Secretary of State

JETTILI DOC	N, DiOil in					
Principal Place of Business		Mailing Address				
		1786 WHISKEY CREEK DR.				
1786 WHISKEY CREEK FT. MYERS FL 33919	FT. MYERS FL 33919				DO MOT MIDITE IN THIS ODAGE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						06/11/1997
2. Principal Place of Business 2a. Mailing Address				<u></u>		4. FEL Number Applied For
21		26	26			65-6759796 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country				Trust Fund Contribution LJ Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25 29		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
BOOK, JEF	FREY			81	Name	
1786 WHISKEY CREEK DR.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33919						
				83		
				84	City	FL 85 Zip Code
44 5	uisiana al Castiana CO7 0500	and 607 1509 Florida Stat	Lutos tho a		named corn	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of						on's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with Archaecept the obligations of, Section 607,0505. Florida Statutes						
SIGNATURE Signature, typic of printer name of registered eigent and title if applicable. (NOTE: Bruistered Agent sign					nt signature require	nd when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D		☐ DELĒTĒ	1.1 Tr	TLE		Change Addition
	K, JEFFREY		1.2 N/			
	WHISKEY CREEK DR.				ADDRESS	
	IYERS FL 33919	DELETE	1.4 CI 2.1 TI	ITY-ST	r-zip	☐ Change ☐ Addition
TITLE NAME	_ _		2.1 11 2.2 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				HTY-S	[4
TITLE		DELETE	3176			☐ Change ☐ Addition
NAME			3 2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP				HTY-S	it-zip	
TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.1 TI	ITY - ST	1-21	☐ Change ☐ Addition
NAME			5.2 N		}	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-S1		
TITLE		DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$	TREET.	ADDRESS	
CITY-ST-ZIP			6.4 C	ITY-SI	T- ZIP	
14. I hereby certify the	it the information supplied wi	th this filing does not qualify	y for the ex	empt	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the Information is shall have the same legal effect as if made under oath; that I am an

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 endoute 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.

MATURE (MI)

L 688 1941/4890800