

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

**FILED**

**Apr 27 1998 8:00**  
**Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**MENT # P97000052177 (7)**

**UN CORPORATION**



**Place of Business**      **Mailing Address**  
**34. #317**      **301 W. SR 434. #317**  
**WGS FL 32708**      **WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

**Place of Business**      **2a. Mailing Address**  
**26**      Suite, Apt. #, etc.  
**27**      City & State  
**28**      Country      Zip      Country  
**25**      **29**      **30**

**3. Date Incorporated or Qualified**  
**06/12/1997**  
**4. FEI Number**      **Applied For**  
**59-3452408**      **Not Applicable**  
**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing**      ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution**      ☐  
**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**      ☐ Yes      ☐ No

**9. Name and Address of Current Registered Agent**  
**AMMERVILLE, ROBERT K**  
**W. SR 434, #317**  
**WINTER SPRINGS FL 32708**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City**      **FL**      **85 Zip Code**

I, the undersigned, being the owner of the above named corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when recertifying)		DATE	
<b>OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>1</b>	<b>ROBERT K. SOMMERVILLE</b> <input type="checkbox"/> DELETE <b>301 W SR 434 #317</b> <b>WINTER SPRINGS FL 32708</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>2</b>	<input type="checkbox"/> DELETE	<b>1.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>3</b>	<input type="checkbox"/> DELETE	<b>1.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>4</b>	<input type="checkbox"/> DELETE	<b>1.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>5</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>6</b>	<input type="checkbox"/> DELETE	<b>2.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>7</b>	<input type="checkbox"/> DELETE	<b>2.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>8</b>	<input type="checkbox"/> DELETE	<b>2.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>9</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>10</b>	<input type="checkbox"/> DELETE	<b>3.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11</b>	<input type="checkbox"/> DELETE	<b>3.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12</b>	<input type="checkbox"/> DELETE	<b>3.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>13</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>14</b>	<input type="checkbox"/> DELETE	<b>4.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>15</b>	<input type="checkbox"/> DELETE	<b>4.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>16</b>	<input type="checkbox"/> DELETE	<b>4.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>17</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>18</b>	<input type="checkbox"/> DELETE	<b>5.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>19</b>	<input type="checkbox"/> DELETE	<b>5.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>20</b>	<input type="checkbox"/> DELETE	<b>5.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>21</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>22</b>	<input type="checkbox"/> DELETE	<b>6.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>23</b>	<input type="checkbox"/> DELETE	<b>6.3 STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>24</b>	<input type="checkbox"/> DELETE	<b>6.4 CITY, ST, ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

I 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 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 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Robert K. Somerville*

**4.21.98**

CR2E034 (10/97)