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

· ·	ENT # P9700 ERING CO.	0053477 ((0)		144. (141. 112.) 444. 444. 144.
Principal Place of	Business	Mailing Address		T TROUGENT HE IRAN IREN EETH EETH OFFIN COMP EFFE	DANEO ANTA BIBIN ANDRI AODI AODI
112 THIRD AVE. MOUNT DORA FL 32757		112 THIRD AVE. MOUNT DORA FL 32	?75 7		
				3. Date Incorporated or Qualified	IS SPACE
2. Principal Place	of Business	28. Mailing Address		06/16/1997 4. FEI Number	Applied For
21		26		590-68-2166	Not Applicable
Suite, Apt. #, et	lc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	 	City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation owes or has paid the	current year Intangible
24	25 Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
		ribgiptorou rigoni	81 Name	10. Hame due verions of Host Hallston	
MC KAY DENNIS, IVY S 112 THIRD AVE.			OD Supplied	(DO Day Number in New Assessable)	
MOUNT DORA FL 32757				Iress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11 Pureuani to the	nrovisions of Sections 607 0%	02 and 607 1508 Florida St	latutes, the above-named cor	poration submits this statement for the purposi alion's board of directors. I hereby accept the	
SIGNATURE	OFTICERS AN	up DIRECTORS	(NOTE: Registered Agrint signature reou	bired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	OFFICE OF	DELETE	1.1 TITLE		Change Addition
NAME	OFFICER OF CO	MANA	1.2 NAME		
STREET ADDRESS	439 N CONNI	1.464	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUNT AURA	3275 p	1.4 CITY- \$1- ZIP		
TITLE		← DLTEIE	2 1 TIPLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	•		2. 4 CITY-S7-ZIP		
TITLE		☐ DELETE			Change Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	i i		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1) Y - \$1 - Z(P		
THLE		DELETE			☐ Change ☐ Addition
NAME			6.2 NAME	2000025786 -07/02/9801014	10 N
STREET ADDRESS			6.3 STREET ADDRESS	~U(/UZ/98~~U1U14~~	U41 / \/\
CITY - ST - 7/P			6.4 CITY-ST-7IP	***150.00	. /

14. 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 supplience and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address:

6 4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jul 01 1998 8:00am

Secretary of State