FALE 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 # P9700057662 (3)

FILED Jun 29 1998 8:00am Secretary of State

Principal Plac	REGION ACCOUNTING & TA	Mailing Address				
29118 SHORT ST; 29118 SHORT ST. LEESBURG FL 34748 LEESBURG FL 34748				DO NOT WRITE IN THIS	S SPACE	
	\$ -			3. Date Incorporated or Qualified		
6 Oringinal C	Place of Business	On Molling Addrson		06/25/1997		
2. Principal P	*	2a. Mailing Address	490925	1 49 345 そハクヘ	Applied For Not Applicable	
Suite, Apt.	#. elc.	Suite, Apt. #, etc.	4-10 1710	0.000	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	GC &	City & State	V .	6. Election Campaign Financing	\$5.00 May Be	
23		28 Leeblur	a, H.	Trust Fund Contribution	Added to Fees	
Zip	Country	2474a	Country	a. This corporation owes or has paid the c		
24	25 9. Name and Address of Curren	29 ST 177	30 LAKE	Personal Property Tax due June 30. 10. Name and Address of New Registerer	Yes No	
DC.		t trogiotistos regoni.	B1 Name	10, Trailly and Addition of their Freguetation	- Agont	
BULUGROUN, NUTN						
LEESBURG FL 34748			82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)		
46	A		83			
1			84 City		lee Zin Code	
	M å		84 City	Fi	L 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signiture, typely or printed name of registered ager	secon Kut	E Registered Agent signature requi	~ 1xes. 6/2%	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12	
TITLE	Bregident	☐ DELET e	1.1 TETLE		Change Addition	
NAME	P. H. Bolders	-civ-	1.2 NAME			
STREET ADDRESS	Adult Fahort 6	F .	1.3 STREET ADDRESS			
CITY-ST-ZIP	Ides Dura FL.	34748	1.4 CITY-ST-ZIP			
TITLE	V. Pres	DELETE	2.1 TITLE		Change Addition	
NAME	BOCK Bolders	> >	2.2 NAME			
STREET ADDRESS	24118 Short S		2.3 STREET ADDRESS			
CITY-ST-ZIP	FREDIOM 2'L	U 39 148	2.4 CITY-SY-ZIP		☐ Change ☐ Addition	
TITLE NAME	· •		3.1 TITLE 3.2 NAME		The Properties	
STREET ADDRESS	v.		3.2 NAME 3.3 STREET ADORESS			
CITY-ST-ZIP	1 :		3.4. CITY-ST-ZIP			
TITLE	3	☐ DEL€TE	4.1 TITLE		Change Addition	
NAME	Ť.		4.2 NAME			
STREET ADDRESS	7		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZiP			
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	<u>*</u>	······	5.4 CITY+ST-ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>		
TITLE	- !	DELETE	6.1 TITLE	2000025768 -07/01/98010090	Change Addition	
NAME			62 NAME	- 97 /01/98010090	138 JAW	
STREET ADDRESS	÷		63 STREET ADDRESS	***150.00	1, L.	
CITY-ST-ZIP	*		6.4 CITY-ST-ZIP	The state of the s		

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 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.

CIONATURE CON COO SA