## 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

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700060112 (4)

## FILED Jun 30 1998 8:00am Secretary of State

YKSS I.  Principal Piac.  3600 U.S. HICLAKELANO FL	NTERPRISES INC. e of Business SHWAY 98 N.	Mailing Address 3900 U.S. HIGHWAY 9 LAKELAND FL 33809	<b>у</b> В N.		DO NOT WRITE IN THE	
a Dringiani D	Ince of Duninger	2a. Mailing Address			07/09/1997 4. FEI Number	
21	Principal Place of Business 2a. Mailing Address 26				59-3458218	Applied For Not Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           2         27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Coun	to.	Trust Fund Contribution	Added to Fees
Zip 24	25 Country	29	30	itry	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year intangible  No
	g. Name and Address of Curre		_ <del> 00 </del>	<del></del>	10. Name and Address of New Registers	
SUTTER, BERNARD R				Name		
3036 BJG SKY BOULEVARD			ļī	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	······································
KIS	SIMMEE FL 34741			B3		
	; n		L			
	-		],	City	F	85 Zip Code
SIGNATURE	m tamiliar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable (N ID DIRECTORS			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT(			Change Addition
NAME OTDECT ADDRESS	DHANANI, KABIRUDDIN 3209 WHITE DOVE LANE		1.2 NAM	ae Eet address		
STREET ADDRESS CITY-ST-ZIP	KISSIMMEE FL 34746			(-ST-ZIP		
TITLE		☐ DELETE	2.1 TITL			☐ Change ☐ Addition
NAME			2.2 NAM	NE ]		
STREET ADDRESS	7			EET ADDRESS		
CITY-ST-ZIP TITLE	7	DELETE	2 4 CIT	Y-ST-ZIP		Change Addition
NAME		<b>—</b>	3.2 NAM			
STREET ADDRESS	-		3.3 STR	eet address		
CITY-ST-ZIP	····		3.4. CIT	Y-ST-ZIP		
TITLE	t	☐ DELETE	4.1 1(1)	i i		Change Addition
NAME STREET ADDRESS	· ·		4. 2 NA	KE Eet address		
CITY-ST-ZIP	77 6			r-St-zip		
TITLE	7 2	DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	-		5.2 NAN	AE		
STREET ADDRESS	<b>g</b>			EET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 C(T)	r-ST-ZIP		Change Addition
NAME	V V	C OLCER	6.2 NAM	-	5000025761 -06/30/98010120	35 19
STREET ADDRESS	<del>1</del>			EET ADDRESS	-06/30/98010120	)37 <b>// ¼</b>
CITY - ST. 7ID	\$			/_ST_7ID	***150.00	111.7

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 finally 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 of 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 from an attachment with an address.

NOMETHOR // // Merce

10-22-31