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

FILED Feb 17 1998 8:00am Secretary of State

Principal Place		Mailing Address PO BOX 15252						
PENSACOLA	FL 32514	PENSACOLA FL 32514			50 4107 145775 14171110	00105		
					DO NOT WRITE IN THIS	SPACE		1
]					3. Date Incorporated or Qualified		ļ	
A 5 - 1 - 1 - 1 - 1	No. 10 Process	1 4. 14.9: . 4.11			07/10/1997			
	al Place of Business E. BURGESS POAD 26				4. FEI Number		pplied For	
					39, 242 0008		ot Applicable	ļ
22 SULL	Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27				5. Certificate of Status Desired		Additional lequired	
22 3011 C 103 27 City & State City & State				·	6 Stanton Country Stanton		 	}
23 Peusacola FL 28					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Os	Country	Zip	Coun	try	8. This corporation owes or has paid the cu			١
24 30	32504 25 ESCAMBIA 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		
	YDEN, DANIEL F		٤	11 Name				
	4 GONDOLIER BLVD.		1	Street Add	dress (P.O. Box Number is Not Acceptable)			
GULF BREEZE FL 32561								
			٤	3				
يمر			8	4 City		85 Zip	Code	ĺ
At Description (Control of Control of Contro					FI	a l	Va comband	l
11. Pursuant office or f	registered agent, or bothy in the State of	Florida Such change was	authorized	by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as	registered	
agent. I a	im familiar with, and acclipt the oblighti	ins of, Section 607.0505, Fi	orida Statut	es.	1/21	100		
SIGNATURE	Signature riped or printed harrie of logistared agent	and bloom applicable (NOT	F. Benisleren A	oen) single francis	uireo when reinslating) DATE	70		_
12.	QFLICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	10/01
TITLE	PRESIDENT /TREASON	DELETE DELETE	1.1 TITU			Change	Addition	٤
NAME	C 11 () ()	1	1.2 NAM	E			ì	3
STREET ADDRESS	DA GONDONIER BU	IV)	1 3 STAI	ET ADDRESS				2
CITY-ST-ZIP	924 GONDONIEL BLI GULF BREEZE FL 32	1561	1.4 C/TY	- ST - ZIP				ã
TITLE	vice president/cecher	ACS □ DELETE	2.1 TITL	:		Change	Addition	C
NAME	RUTHANN R. HAYDEN		2.2 NAM	E				
STREET ADDRESS	GILLA BROUZE PL 3251	• •	2.3 STF					
CITY-ST-ZIP				-ST-ZIP			4 4 4 4 1 1 1 1 1 1	
TITLE			3.1 TITLE 3.2 NAM			Change	☐ Addition	,
NAME				1			1	
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP TITLE			4.1 TITLE	-ST-ZIP		Change	Addition	
NAME		Lad Office 12	4. 2 NAN			ondings		ı
STREET ADDRESS				ET ADDRESS			1	í
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE		——————————————————————————————————————	Change	☐ Addition	
WAME			5.2 NAME			-	-	
STREET ADDRESS				et address				
CITY-ST-ZIP			5.4 CITY				İ	
TITLE			6.1 TITLE			Change	Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I further c	ortify 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 authorized with an address.