FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of St

DIVISION OF CORPORTIONS

DOCUMENT # P97000062975 (2)

FILED Apr 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6624 MISSION CLUB BLVD APT 100						
APT 109 ORLANDO FL	32921	APT 109 ORLANDO FL 32821			DO NOT WRITE IN THIS SPACE	
0.0000011	. SEVE!	OUTSHIPO I E SEDEI		!	3. Date Incorporated or Qualified	
				: I	07/21/1997 Applied For	
	ace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable	
	DW 99 CT	26 4500 NG	<u>ه ۱۹</u>	CT	S8.75 Additional	
Suite, Apt.	#, etc. - ♣ 2⊅L	Suite, Apt. #, etc.	201	-	Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
3 Mai	775.1	28 Mani	, FL	•	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	intry	8. This corporation owes or has paid the current year Intangible	
331		29 33178	30	45,	Personal Property Tax due June 30. MS Yes L No. 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent		B1 Name	10. Name and Address of New Yorks	
BE	YER, DAVID A			1		
	O RUDNICK & WOLFE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	1 EAST KENNEDY BLVD SUITE	2000		83		
IA	MPA FL 33602				85 Zip Code	
				84 City	orporation submits this statement for the purpose of changing its registered station's board of directors. I hereby accept the appointment as registered	
	Signature, typed or ponted name of ingistered ag				aquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		D DIRECTORS	13	TITLE	Change Addition	
TITLE	D Palacios, Karen	L.J DELETE	- 1	NAME		
NAME STREET ADDRESS	6624 MISSION CLUB BLVD	APT 109	- 4	STREET ADDRESS	4500 UW 99 CT 49+ 4+201	
City-St-Zip	ORLANDO FL 32821		1.4	CITY-ST-ZIP	Manin FL 33178	
TITLE		DELETE	2.1	TITLE	Change Addition	
NAME			2.2	NAME		
STREET ADDRESS	l			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP	Change Addition	
TITLE		☐ DELETE	1	TITLE	L Vienge	
NAME				NAME STREET ADDRESS		
STREET ADDRESS				. CITY-ST-ZIP		
CITY-ST-ZIP		DELETE		TITLE	Change Addition	
TITLE NAME	•		1	NAME		
STREET ADDRESS			4.3	STREET ADDRESS		
CITY-ST-ZIP			4.4	CITY-ST-ZIP		
TITLE		☐ DELETE	5.1	TITLE	Change L_ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		T DECETE		CITY-ST-ZIP	Change Addition	
TITLE		[_] DELETE		TITLE NAME	— · · · —	
NAME				STREET ADDRESS		
STREET ADDRESS			ر ۽	1 CITY ST_71P		
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated officer or Block 12	director of the corporation of the re- or Block 13 if changed, pron an att	ceiver or trustee empowered to achment with an address	execut	e this report as	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	
SIGNAT	TURE: Dare	we July	ici	<u></u>	March 13, 1998 591-6409 Date Dayline Phone # 0101653	