SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000065374 (5)

## **FILED** Aug 12 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		* *************************************	
960 LAKE LANE	960 LAKE LANE			
LONGWOOD FL 32750	LONGWOOD FL 32750		DO NOT WRITE IN T	HIS RPACE
			3. Date Incorporated or Qualified	THIS BENCE
			07/29/1997	:
2. Principal Place of Business	2a. Malling Address		4. FEI Number	Applied For
21	26 PO BOX 95	3112	59-3460174	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State	ا بيم	8. Election Campaign Financing	\$5.00 May Be
23	28 LAKE MARY	PL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30 レムタ	8. This corporation owes or has paid the	Yes No
24 25	29 32795	30 USA	Personal Property Tax due June 30.  10. Name and Address of New Register	
9. Name and Address of Currer	nt Registered Agent	B1 Name	10. Halile alid Modiess of New Kegister	Ion Whelit
AMERILAWYER CHARTERED		I Name		
343 ALMERIA AVENUE		B2 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134				
		83		1
		B4 City		85 Zip Code
				- <u>                                    </u>
office or registered agent or both, in the State	e of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	or c <b>hang</b> ing its registered oppo <b>intme</b> nt as registered
agent. I am familiar with, and accept the oblig	pations of, section 607.0505, Flo	inda Statutes.		
agent. I am familiar with, and accept the oblig  SIGNATURE    Signature, typed or profiled name of registered age		TE: Registered Agent signature in	required when reinstating) DAT	TE
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registioned age  12. OFFICERS AN		TE Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS	
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Indicated on this annual report or supplied with this information stated in section 118.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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.

STELLE DEMOOR

(407) 322-9669