FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \$\int 97000067110

BALLONGOR GONBRAL BUILDINGGO, FAC.

Principal Place of Business

Mailing Address

40 WOBOR BLUD. N. NAPLES IFL 34120

40 WOBOR BLUD. N. NAPLOS, FL 34120

FILED
May 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

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			- ,				8/01/97			
Principal Place of Business			2a. Mailing Addrass 26				4. FEI Number 59-3472790	Ap	plied For	1
21							69-37/2/70	No	ot Applicable]
Suite, Apt #. etc.			Suite, Apt. W. etc.				5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State			City & State				6 Clastics Compains Figureias			1
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	C	ountry	Zip	intry		8. This corporation owes or has paid the current year Intangible				
24	25		29	30			Personal Property Tax due June 30.		No	
	9, Name and A	ddress of Current	Registered Agent	L d	10. Name and Address of New Registered Agent					1
			81 Nam]	
BA	RIAN. BACC WOBOR APLOS, FL	ONGOR		82 Street Addre			dress (P.O. Box Number is Not Acceptable)			
UC	1 WARAR	BLUD		00						1
70		_		83						
10	APLOS, +L	34120		84 Cily			FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Flurida 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or ponted name of registered agent and lifte diapplicable (NOV: Despitived Agent signature required when reinstabling) DATE										
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		IS IN 12	뱝
TITLE	PVST			1.1.10	ITLE	<u> </u>	···	Change	Addition	19
NAME	RRIAN BALLONOOR		1.2 N	1.2 NAME					13	
STREET ADDRESS	BRIAN BALLONOOR			1.3 S	TREET ADORE	ss				Įξ
CITY-ST-ZIP	NAPLES, FL	34120		140	ITY-ST-ZIP					ไร้
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STREET ADDRESS				538	TREET ADDRE	ss	9000025249	529		
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STREET ADDRESS				638	THLET ADDRE	ss		The -	ハー	1
CHTY - ST - ZIP					ITY-ST-ZIP			<u></u>		
14. I hereby certify that the information supplied with this filing cloes not quality 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.										