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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000069548 (0)

Principal Place		Mailing Address								
SUITE 414 SUITE 414 ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 08/12/1997	· · · · · · · · · · · · · · · · · · ·			
2. Principal Pi	lace of Business	28. Mailing Addr	28. Mailing Address 26			4. FEI Number 59 - 3463463			oplied For of Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	0	Cily & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
<del></del>	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
TAY	YLOR, DAIL A	· · · · · · · · · · · · · · · · · · ·		81	Name					
100			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)				
SUITE 414 ST AUGUSTINE FL 32088				83						
				84	City		FL	<b>85</b> Zip	Code	
agent La SIGNATURE	agistored agent, or dom, in the st in familiar with, and accept the of Signature, typed or printed minicial registered	oligations of, Section 607.	.0505, Flori	ida Statutes	i.	tion's board of directors. I hereby accel	DATE DATE	ontinent as		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND		IS IN 12	
TITLE	D	DELETE		1.1 TITLE				Change	Addition	
NAME	TAYLOR, DAIL A 316 REDWING LNAE			1.2 NAME	1000000					
STREET ADORESS CITY - ST - ZIP	ST AUGUSTINE FL 32084			1.3 STREET						
TITLE	D DELETE			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	WAINIO, FREDRICK J JR			2.2 NAME						
STREET ADDRESS				2.3 STREET ADDRESS						
CITY-ST-ZIP				2.4 CHTY-ST-ZIP				<del></del>		
TATLE		□ DI	Ltlt	3.1 TITLE				☐ Change	Addition	
NAME				3.2 NAME	1001000					
STREET ADDRESS CITY-ST-ZIP				3.3 STREET 3.4. CITY - S						
TITLE			LETE	4.1 TITLE	NI-FIL			Change	☐ Addition	
NAME				4. 2 NAME	ĺ				- <del></del>	
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-S1-ZIP				4.4 CITY-S	1 - ZIP					
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ De	LETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY OF TID	1			CADITY C	- 200					

14. 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 suppliemental 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 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, or on an attachment with an address.

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

Day a Day lor

DELETE

Change

\_\_\_ Addition

**FILED** 

Mar 16 1998 8:00am

Secretary of State