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).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 09 1998 8:00am Secretary of State

MICHAE	on Name EL JOHN I	MCCORKLE, ÍN		5492 (3)							
Principal Plac	ce of Busines	s	Mai	lling Address				ii du ide au dif e l		010 1010 1101	111
501 HARBOR DR BELLEAIR BEACH FL 33786				501 HARBOR DR BELLEAIR BEACH FL 33786							
							DO NOT WRIT	E IN THIS	SPACE	<u> </u>	
							3. Date Incorporated or Qualified				ĺ
2. Principal F	Place of Busin	ness	2a.	Mailing Address			08/28/1997 4. FEI Number	· - -	- 1 1	Applied Fo	
21			├ ~1	26]			59 34 719 34	<u> </u>		Not Applic	~~~~~
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Addition	
22			27				5. Certificate of Status Desired			Required	
City & State	ile		28	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be	
Zip		Country		Zip	Count	ry	8. This corporation owes or has pa	aid the curr	ent year t	ntangible	
24		25	29		30		Personal Property Tax due Jun		Yes	No	[
<u> </u>		and Address of C	urrent Regist	ered Agent		4 Norse	10. Name and Address of New R	egistered /	gent		
	Corkle, M				8	1 Name					
	HARBOR D				8	2 Street Add	lress (P.O. Box Number is Not Acceptal	ble)			
BELI	LEAIR BEA	CH FL 33786			8	3			-		
					ľ	*			_		
					8	4 City		EI	85 Zi	p Code	
	at to the provis	sions of sections 60'	7 0502 and 607					rnose of chi	anning its	registered	
r 11. Pursuan				7.1508 Florida Statu	les, the abov	e-named coroo	oration submits inis statement for the bu				
		gent, or both, in the vith, and accept the	State of Florida obligations of,	7.1508, Florida Statu a. Such change was section 607.0505, F	tes, the abov authorized to lorida Statut	e-named corpo by the corporat es.	oration submits this statement for the pution's board of directors. I hereby accept	the appoin	tment as	registered	
11. Pursuan office or agent. I		gent, or both, in the vith, and accept the					quited when reinstating)	DATE			
SIGNATURE	Signature, typed	or printed name of register	ed agent and little if a	applicable (I	NOTE: Registered	Agent signature rec		DATE			
SIGNATURE		or printed name of register	s it still be steeps be	applicable (I	NOTE: Registered	Agent signature rec	quited when reinstating)	DATE		TORS IN	
SIGNATURE 12. TITLE NAME	Signature, typed	or printed name of register	ad agent end little if a	applicable (I	13. 1.1 TITLE	Agent signature rec	quited when reinstating)	DATE	DIREC	TORS IN	12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed	or printed name of registor OFFICER CL J.	ed agent and little if a RS AND DIRECT MCCONO Las blue	applicable (I	13. 1.1 TITLE 1.2 NAME 1.3 STREE	Agent signature rec	quited when reinstating)	DATE	DIREC	TORS IN	12
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in nerely certify that the information supplied with this litting does not quality for the exemption stated in section 119.0/(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 trusted 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, in my my stated metal with kin address.

4/24/98 (205)517-2982