EH ED

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						LILED			
	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftham Secretary of State DIVISION OF CORPORATIONS			Jun 23 1998 8:00am Secretary of State			
DOCI 1. Corpora	JMENT #	P9700007 TOUR OF			· .				
INFANT	ace of Business 'INO, THOMA 'KNOWLES A		Mailing Address	en cost story.		DO NOT WRI	TE IN THIS SPACE		
SUITE 7						3. Date Incorporated or Qualified			
WINTER PARK, FLORIDA 32789 2. Principal Place of Business 2e. Mailing Address						09/08/97			
2. Principal 21	PIECE OF BUSINESS	}-	2a. Mailing Address			4. FEI Number 59 - 3470462	ļ	Applied For Not Applicable	
Suite, Ap	it. f , etc.		Suite, Apt. #, etc.				\$8.7	75 Additional	
22		2	7			5. Certificate of Status Desired	Fee	Required	
City & Str 23 Zip	Cour		City & State Zip	Country		6. Election Campaign Financing Trust Fund Contribution	Add Add	00 May Be led to Fees	
24	25	· -	<u> </u>	30		This corporation owes or has p Personal Property Tax due Juni		r Intangible	
	9. Name and Add	rees of Current Re	gistered Agent	81 Name		10. Name and Address of New R			
180 S. SUITE WINTER	R PARK, FLO	VENUE		83 84 City		is (P.O. Box Number is Not Accepta	FL 65 2	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTÉ: Registered Agent signature required when reinstating) DATE									
12.		OFFICERS AND DIF		13.	required s	when reinstelling) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12	
TITLE	D D		☐ DELETE	1.1 TITLE	T		☐ Chang		
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CITY-ST-ZIP	ORLANDO,		32806	1.4 CITY+ST-ZIP	<u> </u>				
	D VTS		DELETE	2.1 TITLE 2.2 NAME	-		☐ Cháng	Addition	
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NAME				6.2 NAME		BOUNDES N	0493	1/33	
STREET ADDRESS				6.3 STREET ADDRESS		-06/24/8981095	,); Y	
CITY-ST-ZIP			·	6.4 CITY- ST- ZIP		***150.00		<u>'</u>	

14. I 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 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.

SIGNATURE:

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Description 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.

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