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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07 1998 8:00am Secretary of State

JACQUELINE E. HARTT, P.A.

Principal Pla	on of Business	Mailing Address				
Principal Place of Business 418 NORWOOD COURT OVIEDO FL 32765		418 NORWOOD COUR OVIEDO FL 32765	RT		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal I	Place of Business	2a, Mailing Address			9/08/1997 4. FEI Number Applied For 59 - 346 6596 Not Applied	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	30 Coun	try	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XY Yes No	
HA	9. Name and Address of Curr VRTT, JACQUELINE E	ent Hegistered Agent		31 Nan	10. Name and Address of New Registered Agent Name	\dashv
418	8 NORWOOD COURT		ī	32 Stre	Street Address (P.O. Box Number is Not Acceptable)	\dashv
OV	MEDO FL 32765		-	33		\dashv
			į.	34 City	City 85 Zip Code	
44 Purouppi	Lto the provinces of Continue COTO	100 and 007 4000 Florida Di			FL	_
office or	registored agent, or both, in the Str am familiar with, and accept the ob-	ite of Florida. Such change wa	as authorized	by the c	named corporation submits this statement for the purpose of changing its registere ne corporation's board of directors. I hereby accept the appointment as registered	30
SIGNATURE	•					
10	Signature typed or punted name of regetered	agent and title if applicable () AND DIRECTORS		Agent signa	signalure required whon reinstating) DATE ADDITION (SECTION 1997)	
12.	T D	DELETE	13. 1.1 ISL	E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion 3
NAME	HARTT, JACQUELINE E	Mich	1.2 NAM			"
STREET ADDRESS	444 446 5446 544 554				porce	
CITY-S1-ZIP	OVIEDO FL 32765			EET ADDRES		
TITLE	OVIEDO LE 32703	DELETE	2.1 31TL	'-ST-ZIP	Change Addition	ion
NAME		L_ better	2.1 71L		E totalige E Auditr	"
STREET ADDRESS				EET ADDRES	UBECC	
CITY-ST-ZIP			1	Y-ST-ZIP		_]
TITLE		DELETE	3 1 TITL		Change Addition	ion
NAME			3 2 NAM	1E		
STREET ADDRESS			3.3 STRI	EET ADDRES	DRESS	
CITY+ST-ZIP			3 4. CIT	Y-ST-ZIP	2)0	- 1
TITLE		DELFTE	4 1 TITL	F	Change Addition	ion
NAME			4 2 NAM	AE		
STREET ADDRESS			4.3 STRI	ET ADDRES	DRESS	
CITY-ST-ZIP			4.4 City	- ST - ZIP	NP I	
TITLE		☐ DELFTE	5.1 TiTL	Ē	Change Additi	ion
NAME			5.2 NAM	IE.		
STREET ADDRESS			5.3 ST#I	ET ADDRES	DRESS	
CITY-ST-ZIP			5 4 CITY	-ST-ZIP	IP	
TITLE		DELETE	6 1 TITL	Ē	☐ Change ☐ Additi	ion
NAME			6.2 NAM	IE .		
STREET ADDRESS			6.3 STRI	ET ADDRES	DRESS	
CITY - ST - ZIP			6 4 CITY	- ST - 71P	DP	- 1

14. Thereby 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 roport 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 origination 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.

GNATURE SOME SHOOT THEQUELINE E HART 2 APR 98 407-365-4253