## 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).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 709 TEAL AVENUE CELEBRATION FL 34747

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23 Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078295 (7)

Country

9. Name and Address of Current F

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KOSTUCH, JOEL J 709 TEAL AVENUE

**CELEBRATION FL 34747** 

YOU CAN C CLEARLY NOW, INC.

FILED
Sep 02 1998 8:00am
Secretary of State

Mailing Address. 709 TEAL AVENUE CELEBRATION EL 34747	( 100   180   110   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100
	DO NOT WRITE IN THIS SPACE
	3. Date incorporated or Qualified 09/08/1997
2a. Mailing Address	4. FEI Number Applied For
E 2781 W STRUA	Not Applicable
Sulte, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State  8 LUV6 WUU FC	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 30 88414	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
egistered Agent	10. Name and Address of New Registered Agent
[81] Na	ime

Street Address (P.O. Box Number is Not Acceptable)

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.

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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.	41015	Depletered Asset slaveture	s required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	(NOTE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	0	DELETE	1.1 TiTL€	Change Addition		
NAME	KOSTUCH, DONALD JAMES	Jocette	1,2 NAME	Cliange L Audinon		
STREET ADDRESS	709 TEAL AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CELEBRATION FL 34747		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	Change Addition		
NAME	<b>-</b>	<b>3</b> •	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZiP			
TITLE		DELETE	3.1 TITLE	Change Addition		
NAME			3.2 NAME	_ · -		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	· ·	DELETE	6.1 TITLE	Change Addition		
NAME	- 		6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP			

4. 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.

TO BLOCK 12 or Block 13 in changed, or on an attachment with an address.

:R2E034 (5/98)

Zip Code