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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000081332 (3)

Principal Place of Business Mailing Address

1035 BECKLEY CIRCLE
VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1997

VENICE FL 34292			VENICE FL 34292				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/18/1997			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	L	Applied For	
21			26				65-0783657		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired		75 Additional e Required	
23	City & State		City & State				Election Campaign Financing     Trust Fund Contribution     Added to Fees			
24	Zip	Country 25	7(p	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
9, Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent				
KIRTLEY, WILLIAM T 2940 S TIMIAMI TR E				81	Name					
SARASOTA FL 34239					82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
					63					
					84	City		FL  85  3	Zip Code	
11	office or registered ag	gent, or both, in the Sta		ige was authorized	d by	the corporati	poration submits this statement for the purp- tion's board of directors. I hereby accept th			
St	GNATURE									

			:
SIGNATURE	Signature, lygaid or printed name of registered agent and title if applicable (NOTE	Registered Agent signature requ	sulred when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DIP DELETE	1.1 TITLE	Change Addition
NAME	ROLAND VAUGHN 1035 BECKLEY CIRCLE VENICE, PL 34292	1.2 NAME	
STREET ADDRESS	1026 BECKLEY GIRLLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FZ 34292	1.4 City - St - ZiP	
TITLE	DELETE	2.1 THTLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	$\Delta \epsilon = \hat{p}$
CITY-ST-Z#P	•	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		63 STREET ADDRESS	
CITY_CY_2IP		64 City, 91-710	

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 report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or or an intachprent with an address.

SIGNATURE:

ROLAND VAUGIN

3/13/98

941-493-9090

**FILED** 

Mar 19 1998 8:00am

Secretary of State