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 Mar 12 1998 8:00am Secretary of State

1. Corporation	n Name	# P9700 LDINGS, INC		81566 (6	5)				
Principal Place of Business				Mailing Address				t sanitādi sið innin fækti dæsti ántin áffiri akili telan stan estin áttisa erri lann	
442 RAYMOND AVE				442 RAYMOND AVE					
LONGWOOD FL 32750				LONGWOOD FL 32750				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 Applied For	
21				26				59-3470935 262312 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				SR 75 Additional	
22				27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
Zip Country				Zip Cou			The state of the s		
24	25 29 30			30	Personal Property Tax due June 30. Yes 🔀 No				
		and Address of Curr	ent Reg	Istered Agent		81	A1	10. Name and Address of New Registered Agent	
		I, WESLEY W				01	Name		
442 RAYMOND AVE LONGWOOD FL 32750							Street A	t Address (P.O. Box Number is Not Acceptable)	
						83			
							84 City FL 85 Zip Code		
11 Purcuant to	o the provis	ions of Sections 607 0	502 and	607 1508 Florida Sta	tutes, the a	bove	a-named d		
office or re agent. I ar	egistered ag m familiar w	gent, or both, in the Sta ith, and accept the obl	le of Flo igations	rida. Such change wi of, Section 607.0505,	as authorize Florida Sta	ed by stutes	the corp	d corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE .	Closeture hand	or printed name of registered a	noont and ti	ito if annicable (1	NOTE: Bagislard	ad Ann	nt signatura	re required when reinstating) DATE	
12.	Signaturo, typico	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELETE 1.1 TI				Change Addition	
NAME PENNINGTON, WESLEY W				1.2 NAM					
STREET ADDRESS 442 RAYMOND AVE				1.3 S ¹			ADDRESS		
CITY-ST-ZIP LONGWOOD FL 32750				1.4 0			T-ZIP		
TITLE				DELETÉ 2.1 T				Change Addition	
NAME	4E			2.2 M					
STREET ADDRESS				2.3 ST			ADDRESS		
CITY-ST-ZIP				<u></u>	2.41	CITY - S	ST-ZIP		
TITLE				☐ DELETE 3.1 T				☐ Change ☐ Addition	
NAME	NAME			3.2 N			ŀ		
STREET ADDRESS					3.3 S	TREET	ADDRESS		
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TITLE				☐ DELETE	4.1 ₹		ĺ	Change Addition	
NAME						NAME			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				OFFEE		CITY-S	T-ZIP	DOCIOO2455191Glange Addition	
TITLE				DELETE	5.1 T			0000024561900ange Addition -03/13/9801011017	
NAME						IAME	. bbbc		
STREET ADDRESS							ADDRESS	***150.00	
CITY-ST-ZIP				DELETE		ITY-S	1-ZIP	☐ Change ☐ Addition	
TITLE				ال مدروال	6.1 T		ľ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NAME OTREET ARRESTOR					6.2 N		ADDRESS	(\(\(\) \(\) \(\)	
STREET ADDRESS							ADORESS		
CITY-SY-ZIP	4 A . A 1 A .		ما ماه الماه	- 400		ITY-S		ted in Section 110 07(3Vi) Elevida Statutos I further certify that the information	

I hereby certify that the information supplied with this filling does not quality 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 eath; 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.