## 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

OCUMENT #



(8)

May 13 1998 8:00am Secretary of State

| W/ N/K  | Dances   | 3083481  | 1                          |   | F (USIDIII) UR SAIND VIIII ANN ANN   | 200  |  |
|---|--|--|----------------------------|---|--|--|--|
| Principal Place of Business Mailing Address           |  |  |                            | <del></del>   |  | HITTER STREET, |  |
| 1335 BENNETT DR. 66 PHILLIP                           |  | clo PHILLIP 7  | PERITO.                    |   |  |  |  |
| LONGWOOD FL 32750 3001                                |  | 3001 HAPPISE   | 1 HARRISON AVE             |   | DO NOT WR  | DO NOT WRITE IN THIS SPACE   |  |
| US  |  | criando Fi   | - 326                      | 304   | 3. Date Incorporated or Qualified Q9 26 1997   | d  |  |
| 2. Principal P  | Place of Business  | 2a. Mailing Address<br>28  | 1.                         |   | 4. FEI Number 59-348870  | 4 Applied For Not Applicable   |  |
|   |  | Sulte, Apt. #, etc.  | , etc.                     |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Regulred   |  |
| City & Stat   | City & State City & State  |  |                            |   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees  |  |
| Žip<br><b>24</b>                                      | Country 25   | Zip Country 30   |                            | · · · · · · · · · · · · · · · · · · ·                 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes X No          |  |  |
|   | 9. Name and Address of Curre   | nt Registered Agent  |                            |   | 10. Name and Address of New  | Registered Agent   |  |
| PERITO, PHILLIP 3001 HARRISON AVE                     |  |  |                            | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |                            | 63  |  |  |  |
| 02LANDO FL 32804                                      |  |  |                            | 4 City  | .P.)   | FL 85 Zip Code   |  |
| onice or r<br>agent. I a<br>SIGNATURE                 | to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar-with, and accept the oblig | e of Florida, Such change was<br>pations of, Section 607.0505, F | authorized<br>Torlda Statu | by the corp<br>tes.                                   | corporation submits this statement for the<br>oration's board of directors. I hereby acc<br>required when reinstating) | purpose of changing its registered<br>ept the appointment as registered  |  |
| 12.   |  | ID DIRECTORS .   | , 13.                      |   |  | ICERS AND DIRECTORS IN 12  |  |
| TITLE   | VP DELETE  |  | יודון 1.1                  |   |  | Change Addition  |  |
| NAME PERITO, PHILLIP STREET ADDRESS 3001-HARRISON AYE |  |  | 12 NAM                     | E   |  | į.   |  |
| STREET ADDRESS 300 I- HAPPISON RYE                    |  |  |                            | ET ADDRESS  |  | li li  |  |
| CITY-ST-ZIP   | ORLANDO FL 3   |  |                            | -ST-ZIP   |  |  |  |
| TITLE   |  | ☐ DELETE   | 2.1 TITLE                  | ·   |  | ☐ Change ☐ Addition  |  |
| NAME  |  |  | 2.2 NAM                    | · .   |  |  |  |
| STREET ADDRESS  |  |  | ■ 94 C1DS                  | ET ANADERE !  |  |  |  |

DELETE. TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 4000025253**5%** 6.1 TITLE NAME **6.2 NAME** -05/15/98--01057---026 STREET ADDRESS **8.3 STREET ADDRESS** \*\*\*150.00 6.4 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

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 appears.

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

DELETE

DELETE

4/22/98

☐ Change

☐ Change

☐ Addition