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PROFIT . *
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086723 (8)

RALPH W. STONE, P.A.

FILED Jan 16 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | i nograpat jin fotet lebet ébett dotte dotti do | .01 | 1880 |
|---|--|--|---|--|--|------------------|------------------------|
| 3321 ACALPULCO DRIVE 3321 ACALPULCO DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569 | | | | | | | |
| 12115.5455 12115.5 | | | - 25 57 | | DO NOT WRITE IN THIS SPACE | | |
| CLER | 10NT, FL 347/1 | CLERMONT, | PL. 3471 | // | 3. Date Incorporated or Qualified 10/06/1997 | | |
| 2. 23799 | Jaco of Business | 2a. Mailing Address | 51 | | 4. FEI Number | A | pplied For |
| 21 26 | MONT 12. 34711 | 26 CLEZMONT | FX 347 | 2// | 59-3475064 | | lot Applicable |
| 22 /2// | 5.5051 | Suite, Apt. #, etc. 27 /3// 5.5 | Th ST. | | 5. Certificate of Status Desired | | Additional Required |
| City & Stat | RMONT. FL. | City & State | 15 e/ | ŀ | 8. Election Campaign Financing | - | May Be |
| Zip | Country | 28 CLEX/131 | Country | | Trust Fund Contribution | | to Fees |
| 24 347 | II 25 LAKE | ا بیجیدیش ⊢ا | D LAKE | - | This corporation owes or has paid the Personal Property Tax due June 30. | | itangible ☑ No |
| 9. Name and Address of Current Registered Agent | | | | 10, Name and Address of New Registered Agent | | | |
| SW | ART, HARRY J CPA | | | | | | |
| 717 EAST OAK STREET | | | | Addross | s (P.O. Box Number is Not Acceptable) | | |
| KISSIMMEE FL 34744 | | | | Audies: | s (F.O. BOX NUMBER IS NOT Acceptable) | | |
| | | | 83 | | | | |
| | , | | 84 City | | | 85 Zip | Code |
| | | | | | | FLII | |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State o | and 607.1508, Florida Statutes of Florida, Such change was au | s, the above-named thorized by the cor | d corpora | ation submits this statement for the purpo | se of changing i | 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. | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND | | Hogistered Agent signature | e required v | ADDITIONS/CHANGES TO OFFICERS | | DC IN 40 |
| TITLE | D | DELETE | 1.1 TITLE | P | S, T, D | Change | Addition |
| NAME | STONE, RALPH W | | 1.2 NAME | STO | INE, RALPH W | | |
| STREET ADDRESS | 3321 ACALPULCO DRIVE | | 1.3 STREET ADDRESS | 121 | 11 5th street | | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | | 1.4 CITY-ST-ZIP | CIE | FRMONT, FI 34711 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | 1 | 7.1.34.14 | Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREE1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | 1 | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 3.2 NAME | İ | | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | | |] |
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| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | i | | | |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | 9000024039 -01/16/9801117 | ಶವರ | İ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | -01/10/380111(| .OT2 | |
| CITY-ST-ZIP | | T NECEST | 5.4 CITY - ST - ZIP | ļ | ***150.00 | | |
| TITLE | | ☐ DELETE | 6.1 TATLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | ļ | | | W |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ì | | | ا ر ۷ |

14. 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 suppliemental 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 estachment with an address.