## 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

	MENT # P9700 TO THE MEASURE ENTER			
Principal Place of Business Mailing Add				
C/O MS. MARIA WHITLEY 3400-E US 1 SOUTH, SUITE D ST. AUGUSTINE FL 32066		C/O MS. MARIA WHITLEY 3400-E US 1 SOUTH, SUITE D ST. AUGUSTINE FL 32086		DO NOT WRITE IN THIS SPACE
:				3. Date Incorporated or Qualified 10/16/1997
2. Principal Place of Business		2a, Mailing Address		4. FEI Number Applied For
21		26		59-3480518 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5 Certificate of Status Decired 58.75 Additional
City & State		City & State		Fee Required
23		28		B. Election Campaign Financing     S.00 May Be     Trust Fund Contribution     Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
147	9. Name and Address of Curr	rent Hegistered Agent	81 Na	10. Name and Address of New Registered Agent
	0400 E 110 4 COUTH			
SUITE D			82 Str	reet Address (P.O. Box Number is Not Acceptable)
ST. AUGUSTINE FL 32086			83	
			<b>84</b> Cit	y <b>85</b> Zip Code
				red corporation submits this statement for the purpose of changing its registered
office or a spent. I a SIGNATURE	am familiar with, and accept the ob-	igations of, Section 607,0505	5, Florida Statutes.	corporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME		ניין הנונוג	1.1 TITLE 1.2 NAME	P/D Li Change k Addition
STREET ADDRESS			1.3 STREET ADDRE	Duenow, Morris 3400-E US 1 South
CITY-ST-ZIP			1.4 CITY - ST - ZIP	St Augustine Et 22006
TITLE		DELETE		St. Augustine, FL 32086 Change Addition
NAME			2.2 NAME	Burk, Terry Lee
STREET ADDRESS			2.3 STREET ADDRE	ESS 10 Vilano Road
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE	St. Augustine Ft. 32005
NAME		בן אננוני	3.2 NAME	S/D
STREET ADDRESS			3.3 STREET ADDRE	Sullivan, Greer
CITY-ST-ZIP			3 4. CITY-ST-ZIP	58 Fullerwood Drive
TITLE		DELETE		St. Augustine, FL 32084 Change Addition
NAME			4 2 NAME	Whitley, Maria
STREET ADDRESS			4.3 STREET ADDRE	3400-E US 1 South
CITY-ST-ZIP		Printe	4.4 CITY - ST - ZIP	St. Augustina DI 22006
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME	Addition
STREET ADDRESS			5.3 STREET ADDRE	rss
CITY-\$1-ZIP			5.4 City - S1- ZIP	
TITLE		☐ DELETE		Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	ESS
CITY-ST-ZIP	1		6.4 CITY - ST - 7IP	

14. Thereby 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 of 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 empears in Block 12 or Block 13 if changed, or on an attachment with an artifices.

CIONATUDE: ( / V) A

**FILED** 

May 12 1998 8:00am

Secretary of State

(904) 797-6776