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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State . . DIVISION OF CORPORATIONS

1998 P0700001324 (8) 60 DOCUMENT #

**FILED** Apr 13 1998 8:00am Secretary of State

	DEVELOPM:	BNT TNC	2113190	
i i		-	ON OT	
1115 E LIVINGSTON ST 1115 E LIVINGSTON ST ORLANDO FL 32803-5717 ORLANDO FL 32803-5717				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address				10/23/1997 4. FEI Number Applied For
21		26		69-347.3812 Not Applied For
Suite, Apt.	#, etc	Suite, Apt. #, o	te.	SQ 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	<del></del>	Trust Fund Contribution Added to Fees
<b>Z</b> ip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		it negliateles Agent	81 Name	10. Hamb and Abdress of New Hogisterso Agent
	ETERSON, JON C JR 115 E LIVINGSTON ST		<u> </u>	
	RLANDO FL 32803-5717		82 Street Add	dress (P.O. Box Number is Not Acceptable)
0	ND4100 1 L 32003-37 17		83	
			84 City	FL 85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are security and accept the obligations.	of Florida. Such change	was authorized by the corpora	poration submits this statement for the purpose of changing its register stion's board of directors. I hereby accept the appointment as registere
SIGNATURE	Signature, typed or profed non-entiregistered age		(NOTF: Registered Agont signature requ	irod when reinstating) DATE
12.	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DETERMINE IN A ID	☐ DELE		L_] Change L_] Addi
NAME OTREET ADDRESS	PETERSON, JON C JR 1115 E LIVINGSTON ST		1.2 NAME	
STREET ADDRESS	ORLANDO FL 32803-5717		1.3 STREET ADDRESS	
CITY-ST-7IP TITLE	ONLANDO PL 32803-3717	DELE	1.4 COY-ST-ZIP TE 2.1 1)TLF	☐ Change ☐ Addi
NAME			2.2 NAME	
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CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
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NAME			5.2 NAME	
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CITY-ST-ZIP TITLE		DELE	5.4 CITY - ST - ZIP	☐ Change ☐ Addii
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NAME STREET ADDRESS			6.2 NAME	PE 4.13
			6.3 STREET ADDRESS 6.4 City-St-Zip	4.13
CITY-ST-ZIP	I		■ 04 0HT-31-ZIF	

14. Thereby certify that the information supplied with this filling 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 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 in the corporation of 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 in the corporation of 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 in 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 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE