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

DOCUMENT # P97000093180 (2)

ALLEN & DILL, P.A.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



1515 S. ORLANDO AVE. MATLAND FL 32751		1515 S. ORLANDO AVE. MAITLAND FL 32751		DO NOT WRITE	IN THIS SPACE		
					3. Date incorporated or Qualified 10/28/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	⊢ +	Applied For
27 1515 SOUTH Orlando Art 26 1515 5. Orlando				re	05-0193109		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee F	Additional Required
City & State City & State Mn. Yl M, FL 28 Mn. Hlml, F			P	-	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
24 3×75	Country 15 A	29 32751 30	Country	(5)}	This corporation owes or has parents Personal Property Tax due June	30. Yes	ntangible No
	g, Name and Address of Current F	Registered Agent		r	10. Name and Address of New Re	gistered Agent	
	NG, OMETRIAS DEON		81	Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32804							
			83				
			84	City			Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 here of registered agent and title if approable (NOTL: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	DELETE 1.1 T		1.1 TITLE		Ψ	Change	Addition
NAME			1.2 NAMÉ		Frank Allen	5.1/4/	!
STREET ADDRESS	1.3 S		1.3 STREET	ADDRESS	1515 South Orlando Ame	JUNE X	lä.
CITY-ST-ZIP				T-ZIP	maitled, 12 322	1	
TITLE	☐ DELETE 2.11		2.1 TITLE	V		Change	Addition
NAME			2.2 NAME		John Dill	1 Sullx	
STREET ADDRESS			2.3 STREET	ADDRESS	John Dill 1515 Sam Oriali Av maximi, 12 327.	~ 1	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	MARION, PL 327.	5 / Change	Addition
TITLE	_		3.1 TITLE			∟ Change	Addition
NAME ATTREE ARRESSO			3.2 NAME	10000000			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETÉ	3.4. CITY - 4.1 TITLE	51-ZIP		Change	Addition
NAME			4. 2 NAME				_
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition
NAME			5 2 NAME				1
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST - ZIP			
TITLE		☐ DELET e	61 TITLE			L Change	Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET				ļ
CITY-ST-ZIP	notify that the information available with	this filing does not suplify for the	64 CITY-S		nd in Section 119 07/9/// Florida Statutes	further certify that the	no information
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 trusted employment of 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.							