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 # P9700094972 (1)

FILED Mar 11 1998 8:00am Secretary of State

Principal Plac		Mailing Address			
1745 THOROUGBRED DR. GOTHA FL 34734		1745 THOROUGBREI GOTHA FL 34734	D DR.		
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 11/05/1997	
2. Principat P	Place of Business	2a. Mailing Address		4. FEI Number 59-347 6254	Applied For Not Applicable
Suite, Apt	W. etc.	Suite, Apt. #, etc		6, Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State		8. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25 Name and Address of Cur	29	[30]	Personal Property Tax due June 30.	
200	9, Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Regis	resect Wilder
	ANDON, MICHAEL 15 THOROUGBRED DR.				
	THA FL 34734	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	11117 1 2 0 77 0 7		83		· · · · · · · · · · · · · · · · · · ·
1					
			84 City		FL 85 Zip Code
			1 1		
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agont, or both, in the St im familiar with, and accept the ob-	0502 and 607 1508, Florida S ale of Florida. Such change v oligations of, Section 607 050	itatutes, the above-named corpora was authorized by the corpora 5, Florida Statutes	poration submits this statement for the purp ation's board of directors. I hereby accept the	ose of changing its registered se appointment as registered
agent. I a	im familiar with, and accept the ob	oligations of, Section 607.050	itatutes, the above-named corp was authorized by the corpora 5, Florida Statutes.	poration submits this statement for the purp alion's board of directors. I hereby accept the	ose of changing its registered ne appointment as registered
agent I a	m familiar with, and accept the ob-	Digations of, Section 607.050	5, Florida Statutes. (NOTE Registered Agent signature requ	ulred when reinstating)	DATE
agent I a SIGNATURE	m familiar with, and accept the ob-	oligations of, Section 607.050 agent and little fairplicable AND DIRECTORS	5, Florida Statutes (NOTE Registered Agent signature requestations)	<u>'</u>	DATE S AND DIRECTORS IN 12
agent I a SIGNATURE 12. TIBLE	om familiar with, and accept the ob- Signature typed or profes name of registered. OFFICERS /	Digations of, Section 607.050	5, Florida Statutes. (NOTE Registered Agent signature reques 13. 1.1 TiTLE	ulred when reinstating)	DATE
agent a SIGNATURE 12. TITLE	on familiar with, and accept the ob- Signature tyled or product name of regulators OFFICERS / BRANDON, MICHAEL	oligations of, Section 607.050 agent and little fairplicable AND DIRECTORS	5, Florida Statutes. (NOTE Registered Agent signature required agent s	ulred when reinstating)	DATE S AND DIRECTORS IN 12
agent a SIGNATURE 12. TILE NAME STREET ADDRESS	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	oligations of, Section 607.050 agent and little fairplicable AND DIRECTORS	thOTE Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulred when reinstating)	DATE S AND DIRECTORS IN 12
agent a SIGNATURE 12. TITLE	on familiar with, and accept the ob- Signature tyled or product name of regulators OFFICERS / BRANDON, MICHAEL	oligations of, Section 607.050 agent and little fairplicable AND DIRECTORS	5, Florida Statutes. (NOTE Registered Agent signature requited agent signature requited agent signature requited agent signature required agent s	ulred when reinstating)	DATE S AND DIRECTORS IN 12
agent la SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obligations of, Section 607-050 Open and blood replicable AND DIRECTORS DELETE	5, Florida Statutes. (NOTE Registered Agent signature requited agent signature requited agent signature requited agent signature required agent s	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition
agent la SIGNATURE 12. TILLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obligations of, Section 607-050 Open and blood replicable AND DIRECTORS DELETE	thOTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition
Agent la SIGNATURE 12. TILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obligations of, Section 607-050 Open and blood replicable AND DIRECTORS DELETE	5, Florida Statutes. (NOTE Registered Agent signature required in the second signature required in	ulred when reinstating)	S AND DIRECTORS IN 12 Change
agent la SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obligations of, Section 607-050 Open and blood replicable AND DIRECTORS DELETE	(NOTE Registered Agent signature required in the second statutes in the second signature required in the second statutes in the second	ulred when reinstating)	S AND DIRECTORS IN 12 Change
AGONTURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	oligations of, Section 607.050. Ingent and title if anyticalitie. AND DIRECTORS DELETE	5. Florida Statutes. (NOTE Registered Agent signature required in the second signature required in	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition
Agent la SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	oligations of, Section 607.050. Ingent and title if anyticalitie. AND DIRECTORS DELETE	(NOTE Registered Agent signature required agent signature required Agent signature required agent signature required agent age	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition
agent la SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP STREET ADORESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obgations of, Section 607.050. Ingent and the diagriculate ANO DIRE CTORS DELETE	(NOTE Registered Agent signature required in the second statutes in the second signature required in the second signature requirement in the second signature required in the second signature require	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
agent la SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	oligations of, Section 607.050. Ingent and title if anyticalitie. AND DIRECTORS DELETE	(NOTE Registered Agent signature required in the second statutes in the second signature required in the second statutes in the second signature required in the second signature required in the second signature requirement	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition
agent la SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP STREET ADORESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obgations of, Section 607.050. Ingent and the diagriculate ANO DIRE CTORS DELETE	(NOTE Registered Agent signature required in the second statutes in the second signature required in the second statutes in the second signature required in the seco	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obgations of, Section 607.050. Ingent and the diagriculate ANO DIRE CTORS DELETE	(NOTE Registered Agent signature required agent signature required Agent signature required agent signature required agent age	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second statutes.) 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	obgations of, Section 607.050. Ingent and the diagriculate ANO DIRE CTORS DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGONT LA SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Miled or product name of regulators OFFICERS / D BRANDON, MICHAEL 1745 THOROUGBRED DR.	DELETE	(NOTE Registered Agent signature required in the second a	ulred when reinstating)	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

SIGNATURE: