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 # P97000097659 (1)

CERTIFIED BUSINESS, INC.		
Principal Place of Business	Mailing Address	
1202 WEST CENTRAL BLVD. BUITE G ORLANDO FL 32805	1202 WEST CENTRAL BLVD. Suite G Orlando fl 32805	
		3. Date in
		11/1
2, Principal Place of Business	2a. Mailing Address	4. FEI Nu
21	26]	597
Suite Apt # etc	Suite Ant # etc	

FILED Apr 13 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				- I LOONLOOL FILD LUFALF LUBDIF BORIN DONAL COLLIN ORFITO TOTAL	HADIÐ BREK DI	UU 1411 UVU	
1202 WEST CEN		-	1100						
BUITE G	HANL BLAD.	1202 WEST CENTRAL BI SUITE G	LVD.						
ORLANDO FL 32805		ORLANDO FL 32805				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						11/17/1997			
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				59-3477892	N	ot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. ₩, etc.				5. Certificate of Status Desired		Additional	
22		27				5. Commodic of States Desired	Fee R	equired	
City & State		⊢	City & State		6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ	├	untry	,	8. This corporation owes or has paid the cur	_ ′ -		
24	25	29]	30	T				_l No	
	g. Name and Address of Currer	it Hegistered Agent		81	Name	10. Name and Address of New Registered	Agent		
	TER, GARY			°'	Maine				
1202 WEST CENTRAL BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
SUITE	• •								
ORLA	NDO FL 32805			83					
				84	City		85 Zip	Code	
					'	FL	1 1 '		
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove	a-named corp	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing i	ts registered	
agent. I am	familiar with, and accept the oblig	ations of, Section 607.0505, Fr	lorida Sta	tutes	ine corpora 3.	ation's board of directors. Thereby accept the app	Ominent as	registered	
SIGNATURE .								1	
	malure, typed or printed name of registered ago			d Age	nt signature requi	pired when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
	D CARY	☐ DELETE	1.1 T				☐ Change	Addition	
· · · · · · · · · · · · · · · · · · ·	TROTTER, GARY		1,2 N						
STREET ADDRESS	10771 SATINWOOD CIRCLE				ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825			ITY-S	T-ZIP				
TITLE		DELETE	2.1 ₹				Change	Addition [
NAME			2.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	3.1 T				Change	Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	4.1 T				☐ Change	Addition	
NAME			4.21	AME				l	
STREET ADDRESS			4.3 S	TREET	ADDRESS			ļ	
CITY-ST-ZIP			4.4 C	ITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 T	TLE			Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			535	TREET	ADDRESS				
CITY-ST-ZIP			54 C	ITY-\$1	r-ziP				
TITLE	-	DELETE	6.1 TI	TLE			☐ Change	Addition	
NAME			6.2 N	AME	j				
STREET ADDRESS			6.3 S	TAEET.	ADDRESS			J	
CITY-ST-ZIP			6.4 C	ITY-SI	r-zip			ĺ	
14. I hereby cer	tify that the information supplied w	th this filing does not qualify f				Section 119.07(3)(i). Florida Statutes, I further ce	rtify that the	information	

indicated on this annual report or supplemental annual report is frue 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 attachman with an address.