## 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 #

1. Corporatio	TMENTS I			UUL	977	28 (4)										
Principal Plac	e of Busines	s			Mailing A	ddress			_	-		<b>                                   </b>	46 <b>0</b> 11 <b>60</b> 111 <b>40</b> 111	Bori Boile if	(1) <b>(60</b> )/ ( <b>10</b> 10 (10	<b>                                    </b>
2780 N. FLORIDA AVENUE SUITE ONE HERNANDO FL					2780 N. FLORIDA AVENUE SUITE ONE HERNANDO FL						DO NOT WRITE IN THIS SPACE					
nemakabo r	r L				THEFTINE	<i>7</i> 016					ŀ	3. Date Incorporate	ed or Qualified	1		
											İ	11/13/1997				
2. Principal P	lace of Busin	1085			2a. Mailing Address							4. FEI Number			Ar	oplied For
21			26										<del></del>	ot Applicable		
Suite, Apt.			Suite, Apt. #, etc.						<b>6.</b> Certificate of Sta	tus Desired		\$8.75 Fee Re				
City & Stat	le		City & State							<ol><li>Election Campai Trust Fund Cont</li></ol>			\$5.00 Added	May Be to Fees		
Zip	Country 25				Zip			Country				8. This corporation		-		
24	5 Nama		29     30     Registered Agent			<u></u>				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent						
15.10		TOIL NE	igistaraci H	gent		) 	Name	•	10, Name and Addi	ARE OI MAN	Jehistalen	Maur				
	DELICATO, 80 NORTH						32		ddres	s (P.O. Box Number	is Not Accept	able)				
	ITE ONE						33			<u></u>	·					
HERNANDO FL 34442										0:11					log Zin	Cod
										City				FL	'	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am farbilliar with, and accept the ubligations of, Section 607.6505, Florida Statutes.										named of the corp	corpora oration	ation submits this sta 's board of directors	tement for the . I hereby acc	e purpose of sept the ap	of changing it pointment as - 98	is registered registered
SIGNATORE	Signature typed	o po	nted namo of registore	na Inega t	d title if applicat	ple (NOT	£ Flo	gistered /	Agon	t signature t	equired t	when reinstaling)		DATE		
12.	1 4		OFFICERS	AND DI	RECTORS	Dr. ere	4	13.				ADDITIONS/CHAI	NGES TO OFF	ICERS AN		
TITLE	D	470	. MATHEREN			☐ DELETÉ		1,1 11111			7	ecretary	بالعيمية	•	Change Change	
NAME			), KATHLEEN					1.2 NAM		oppros.	25	arianne l 848 Mg. Re	clan	terr.		
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STREET ADDRESS				6.3 STREET A			DDRESS									
0.714 67 70																

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 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 attachment with an address.

1-7.98

**FILED** 

Jan 15 1998 8:00am

Secretary of State