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. Corporation Name

FILED Apr 29 1998 8:00am Secretary of State

`		· · · · · · · · · · · · · · · · · · ·					
Principal Plac	ce of Business	Mailing Address					
1		•					
					DO NOT WOLTE IN		
Ì					DO NOT WRITE IN T	HIS SPACE	
					3. Date incorporated or Qualified	7	
	Place of Business	2a. Mailing Address			4. FEI Number	₽ A	oplied For
				1A 57	· 1297000098560	N:	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Sta	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23 ORLANDO FL 28 ORLANDO			FL	_	Trust Fund Contribution		to Fees
Žip				гу	8. This corporation owes or has paid the		
24 3280			30 U	SA	Personal Property Tax due June 30.	☐ Yes 🔎	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
			8	1 Name	MARTIN (FAMA)		
}			8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
			<u> </u> _	2	175 W. AMELIA	50	
			8	3			
			84	City _	<u> </u>	85 Zip	Code
				1 10		FL 132	1800
11. Pursuant office or i	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Statu Florida, Such change was	tes, the above authorized b	re-named only the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	se of changing it appointment as	s registered registered
"	am familiar with, and accept the obligat	ons or, Section 607.0505, F	ionda Siajule	25			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	1£. Registered Ag	gent signature ri	equired whon reinstating) DA		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PRESIDENT	☐ DELETE	11 TITLE	J		Change	☐ Addition
NAME	MARCHARET FAINN		12 NAME				
STREET ADDRESS				T ADDRES\$			
CITY-ST-ZIP	DELANDO FL 3	2805	14 C·TY -	ST-ZIP			
TITLÉ	VICE PRESIDENT	☐ DELETÉ	2 1 TITLE	J		☐ Change	☐ Addition }
NAME			2.2 NAME				1
STREET ADDRESS	2125 W. AMELIA ST		23 STREE	T ADDRESS		•	J
CITY-ST-ZIP			2 4 CITY	-S1-7IP			
TITLE	SECURATARY /	1·2ビチラ、ロ DELETÉ	3 1 THILE			☐ Change	Addition
NAME	MARTIN FANN'	٠	3 2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	DRLANDO FL 3	2805	3.4 CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		,	☐ Change	☐ Addition
NAME			4. 2 NAME	.			J
STREET ADDRESS			4.3 STREE	1 ADDRESS		Λ	.
CITY-ST-ZIP			4 4 C(TY-	ST-ZIP			_/
TITLE		☐ DELETE	51 TITLE			Change	/ Addition
NAME			5.2 NAME	1		(1/85 1/1)	1701
STREET ADDRESS			53 STREE	1 ADDRESS	4	#1 / 4/.	291
CITY - ST - ZIP			5.4 CITY-	ST-ZIP		Yall.	/
TITLE		☐ DELETE	6.1 TITLE	w t	800002505 -04/29/9801089	Change	☐ Addition
NAME			6.2 NAME	ļ	_04/ <i>C</i> 3/3001003.	011	
STREET ADDRESS			63STREE	1 ADDRESS	***158.75		
CITY-ST-ZIP			6.4 CHY-	ST-ZIP			J

14. Thereby 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 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, or on an attachment with an address.

407-422-6954

407-001 - 1420