FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	JMENT # 199700 K OF CENTRAL FLORIDA,)		I LEBNICE INE IBNIC MENI GENN BENN BENN BEN	11 40110 10116 10 14 0 1	âddi hiâlâ kial hoad
Principal Place of Business		Mailing Address				1 44114 15114 16116 11	2101
1900 E. ROBINSON ST. ORLANDO FL 32903		1900 E. ROBINSON ST. ORLANDO FL 32803					
OND NOO!	C 3240	ONDANDO FL 32003			DO NOT WRITE	IN THIS SPACE	=
					3. Date Incorporated or Qualified		
					11/21/1997		
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
81		26		59-3479852		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional	
City & State		City & State		# Floation Compaign Financing			
23		28			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip	Country		This corporation owes or has pair		
24	25	29	30		Personal Property Tax due June		A "
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
SP	PENCER, STEVEN A		81	Name			
	00 E. ROBINSON ST.		82	Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
QF	RLANDO FL 32803						
			83				
			84	City		— 85	Zip Code
			i	·	poration submits this statement for the purion's board of directors. I hereby accep	▐▐▃▕▕	`
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO ND DIRECTORS	OTE: Registered Age	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE	CTORS IN 12
TITLE	0	DELETE 1.1			Change A		nange Addition
NAME	HILL, ROBERT W		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807	·	1.4 CITY-ST-ZIP				
TITLE		L_ DELETE	2.1 TITLE			☐ Ch	nange L Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP		□ DELETE	2. 4 CITY- S 3.1 TITLE	ST - ZIP		☐ Ch	nange Addition
NAME		□ orreit	3.1 TITLE 3.2 NAME				ente 🗂 Vanitioi
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.3 STREET				
TITLE	 	DELETE	4.1 TITLE	11-411		☐ Ch	nange
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4 4 GITY-S				
TITLE		DELETE	51 TITLE			Ch	nange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T- 21P			
TITLE		☐ DELETE	6.1 TITLE	-		☐ Ch	nange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY ST. 7IP	1		SACITY S	1710 I			

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 groupplemental 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 employered 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.