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

FILED Feb 18 1998 8:00am Secretary of State

DOCUMENT # P97000101674 (4) ACHERON ENTERPRISES, INC.											
Principal Place of Business Mailing Address									L GRUELANI EIR INIII SONIS RALII ONILL RNINE E	HELL BEHEL HAND BRINE E	ARIS BEDE SÕÕE
13117 FEATHERSOUND DRIVE 13117 FEATHERSOUND DRI						DRIVE					
FORT MYERS FL 33919 FORT MYERS FL 33919								1	DO NOT WRITE IN	THIS SPACE	
								ı	3. Date Incorporated or Qualified		
									12/01/1997	· · · · · · · · · · · · · · · · · · ·	
_	Principal P	Place of Busine	ess	ļq	2a. Mailing Address				4. FEI Number 65-0798413		opplied For
21	Suite, Apt. #, etc.			26 Suite	Suite, Apt. #, etc.					60.75	lot Applicable Additional
22		27						1	Certificate of Status Desired		Required
	City & State				City & State				6. Election Campaign Financing	\$5.00) May Be
23	<u></u>			28					Trust Fund Contribution		to Fees
	Zip	Country		<u></u> ⊢¬ `	Zip		Country		8. This corporation owes or has paid to		ntangible No
24			nd Address of Curre	29 nt Registered	Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Regist		<u> </u>
	YF	RRICK, DOU			<u> </u>	8	1 Name				
13117 FEATHERSOUND DRIVE						R	2 Street	Address	s (P.O. Box Number is Not Acceptable)	<u>-</u>	
FORT MYERS FL 33919						L		Addiese	(1.0. Box Normber is Not Acceptable)		
						8	3			-	
						8	4 City			85 Zip	Code
							<u></u>			FL '	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autl agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 							we-named by the corp es.	poration	ation submits this statement for the purp is board of directors. I hereby accept th	ose of changing le appointment a	its registered s registered
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required whon reinstating) DATE										- A Tr	
12.		Signature, typed or		ent and lifte if applica	·	13.	gent signature	e required v	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITL		DTP			DELETE	1.1 TITLE		T		Change	☐ Addition
NAV							1.2 NAME				
STRI	TREET ADDRESS 13117 FEATHERSOUND DRIVI			-		1.3 STAF	1.3 STAFET ADDRESS				li
-	-ST-ZIP		ERS FL 33919		Delete	1.4 CITY				Па	
TITU		\$DV VEDBICK	, MARGARET L		☐ DETELE	2.1 TITLE				☐ Change	Addition 4
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	STREET ADDRESS 13117 FEATHERSOUND DRIVI			' -		2.4 CITY-ST-ZIP					
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_	-ST-ZIP				I Delete	3.4. CITY		Ļ	·····		14499
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	-ST-ZIP					4.3 STILL					
TITLE					DELETE	5.1 TITLE		1		Change	Addition
NAM	E					5.2 NAME	: }	1			1
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CITY	-ST-ZIP	 				5 4 CITY-	ST - ZIP	<u> </u>			
TITLE					☐ DELETE	6.1 TITLE				Change	☐ Addition
NAM	ì					6.2 NAME)				1
	ET ADDRESS		•			- 6	ET ADDRESS				
	-ST-ZIP	ortific that the	oformation aumotion u	Oth this Olion de	on and qualify fo	6.4 CITY-		l in Co.	etion 110 07/3Vi). Florida Statutos, Lfurti	as costil , that it	Information

14. 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 suppliemental 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.

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