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 # P98000000599 (4)

FILED Apr 13 1998 8:00am Secretary of State

| PERINE | L BHUNE | HAGE CO. | ING. | | | | | | | | | | |
|---------------------------------|-------------------|---|--------------------------------------|-------------------------------------|--------------|----------------|--------------------|-----------|-------------------------------|---|---|---------------------------------------|-----------------------------|
| Principal Plac | e of Busines | s | | Mailing Add | dress | | | | | - | | | |
| 609 N. HYER | AVE. | | | 609 N. HYER AVE. | | | | | *** | | | | |
| ORLANDO FL 32803 | | | | ORLANDO FL 32803 | | | | | | DO NOT W | OITE IN TUIC | ė edace | |
| | | | | | | | | | | 3. Date Incorporated or Qualif | | > 5171UE | |
| | | | | | | | | | _ | 12/26/1997 | 60 | , | / |
| 2. Principal P | lace of Busin | | 2 | 2a. Mailing Address | | | | | | 4. FEI Number | · · · · · · · | IV A | pplied For |
| 21 | | | | 26 | | | | | | | | T T T T T T T T T T | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| 22 | | | | 27 | | | | | | b. Certificate of Status Desired | <u> </u> | Fee Re | equired |
| City & State | | | | City & State | | | | | 6. Election Campaign Financin | | | May Be | |
| 23 | | | 28 | 28 | | | | | | Trust Fund Contribution | | | to Fees |
| Zip | | Country | | - Z ф Л | | } 7 | untry | , | | 8. This corporation owes or ha | | | _ ~ I |
| 24 | | and Address | 29 of Current Rec | | | 30 | 7 | | | Personal Property Tax due . 10. Name and Address of New | | | _ No |
| НА | MBLETT, V | | | 11010100 | | | 81 | Nam | 0 | ig. Hame and realized or nex | riogistoro | . Agoit | |
| | 9 N. HYER | | | | | | Ш | | | | | | |
| ORLANDO FL 32803 | | | | | | | 82 Street Addre | | | ss (P.O. Box Number is Not Acce | ptable) | | |
| | ID WIDO I E | CLOUD | | | | | 83 | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | 84 | City | | | FI | 85 Zip | Code |
| L office or r | reoistered au | ions of Sections jent, or both, in th, and accept | the State of Flo | brida Such | change was a | authoriza | ed by | r the co | d corpo orporatio | oration submits this statement for ton's board of directors. I hereby a | he purpose ccept the ap | of changing it pointment as | ts registered registered |
| SIGNATURE | <u> </u> | - | | | | | | | | | | | |
| 12. | Signature typical | or presed hame of to | gale and agent and t CERS AND DIR | | (NOI | | | nt signat | ле required | d when reinstating) | DATE DO AA | ID DIDECTOR | OC 161 40 |
| TITLE | PSTD | OITIC | THE WALLDIN | | DELETE | 13. | | | 1 | ADDITIONS/CHANGES TO O | FFICERS AN | Change | Addition |
| NAME [| | ETT, W.C. | | , | , | | IAME | | | | | C change | |
| STREET ADDRESS 609 N. HYER AVE. | | | | | | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | DO FL 32803 | | | | В | OTY-S | | | | | | |
| TITLE | | <u></u> | | <u>-</u> [| DELETE | 211 | | 1.51 | + | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | | | | | | 2.2 N | IAME | | | | | | |
| STREET ADDRESS | | | | | | 2.3 9 | TREFT | ADDRESS | : | | | | |
| CITY-ST-ZIP | | | | | | | 2 4 CHY-ST-ZIP | | | | | | |
| TITLE | | | | | DELETE | 31 T | ITLE | | | | | Change | Addition |
| NAME | | | | | | 3.2 N | IAME | | |) | | | |
| STREET ADDRESS | | | | | | 3.3 S | TREET | ADDRESS | ; | | | | |
| CITY-ST-ZIP | | | | · · · · · · · · · · · · · · · · · · | T Bourse | | CITY-S | T-ZIP | 4 | | | - H A: | |
| TITLE | | | | ι | DELETE | 4.1 T | | | | | | L Change | Addition |
| NAME | | | | | | | | 4. 2 NAME | | | | | [|
| STREET ADDRESS | | | | | | | 4.3 STREET ADDRESS | | • | | | | } |
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| TITLE NAME | | | | ι | DECEMB | 5.1 T 5.2 N | | | | | | ☐ Origings | |
| STREET ADDRESS | | | | | | | | ADORESS | | | | | |
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| TITLE | | | | -T | DELETE | 6.1 T | |) ' E II' | + | | · • · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | | _ | | 6.2 N | | | | | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | ITY- \$1 | | | | | | |

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 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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