SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPO 1998		Secretary o DIVISION OF COR					Secretary of Star	te	
DOCU 1. Corporation	MENT on Name	1.5	98000 Enterpris		679 (O)	44 - 4 ₁₁				fil
Data alma I Dia				A 4 - 11						11
Principal Place of Business 589 CAPRI RD COCOA BEACH FL 32931				Mailing Address 589 CAPRI RD COCOA BEACH FL 32931					DO NOT WRITE IN THIS SPACE	
									3. Date incorporated or Qualified	
2. Principal Place of Business					2a. Mailing Address				12/30/1997 4. FEI Number Applied For	
21				26				(65-08)468) Not Applica		
Suite, Apt	#, etc.		Suite, Apt. #, etc.					\$8.75 Additions	\dashv	
22				27	27				5. Certificate of Status Desired Fee Required	
City & State					City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Ζiρ		Count	гу	Z	ip.	Countr	у		8. This corporation owes or has paid the current year intangible	
24		25 29			/ 				Personal Property Tax due June 30. Yes No	
			ess of Current	Registe	red Agent	81	I Na	me	10. Name and Address of New Registered Agent	
JONES, RICHARD O 1250 W EAU GALLIE BLVD, STE J MELBOURNE FL 32935						82			it Address (P.O. Box Number is Not Acceptable)	
1716.2	DOUING 1	. 02000				83	-			
						84			lest to 0.1	
						64	Cit	У	FL 85 Zip Code	ı
office or agent. I SIGNATURE	am raminar w	nn, ano ac	cept the obliga	tions of, s	ection 607.0505, Fi	es, the above authorized by orida Statute	-nam y the o s.	ed corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed		of registered agent			OTE: Registered	Agent si	uper evulang	ired when reinstating) DATE	
TITLE	PD		FFICERS AND	DIREC	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
NAME	MACLEAN	. DONALI	D A		C) bereie	1.2 NAME			L Change L Addit	iộn
STREET ADDRESS	589 CAPR					1.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA B		32931			1.4 CITY-ST-ZiF			•	
TITLE	TSD				DELETE	2.1 TITLE			∴ Change Addit	ion
NAME	MACLEAN, MARY L					2.2 NAME	NAME			
STREET ADDRESS					2.3 8			SS		
CITY-ST-ZIP	COCOA B	EACH FL	32931				T-ZIP		4,	
TITLE					DELETE	3.1 TITLE			Change Addit	ion
NAME						3.2 NAME				
STREET ADDRESS						3.3 STREE		SS		
CITY-ST-ZIP TITLE		-			DELETE	4.1 TITLE	T-ZIP			\dashv
NAME					□ DECE IE	4.2 NAME			Change Addit	on
STREET ADDRESS						4.3 STREET	ADDRE	ss		
CITY-ST-ZIP						4.4 CITY-S				
TITLE			*		DELETE	5.1 TITLE			Change Additi	ion
NAME						5.2 NAME				
STREET ADDRESS						5.3 STREET	ADDRE	:ss		
CITY-ST-ZIP						5.4 CITY-S	I-ZIP			
TITLE					DELETE	6.1 TITLE		1	Change Additi	.con
NAME OTOSET ADDRESS						6.2 NAME				
STREET ADDRESS							6.3 STREET ADDRESS			
CITY-ST-ZIP						6.4 CITY-\$1	-2112	I		ſ

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.

PROSIDENT

FILED

Sep 17 1998 8:00am