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

*COR ANNU	PORATION JAL REPORT	Sandra B. Secretar	TMENT OF STATE . Mortham y of State	FILED	
DOCUI 1. Corporation	1998 MENT # SO260 NAME OF THE STATE INCOME	65 (5)	ORPORATIONS	98 APR 21 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	30 8 18 11 818 11 818 11 818 1831
Principal Place		Mailing Address			919 ggaga barrin bibir ahaki 1864
2106 PARK AVENUE, NORTH WINTER PARK FL 32789 US		s ame ~ altamonte springs fl us	- 32701 -	DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 09/25/1990	
	ace of Business	2a. Mailing Address	961	4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 7.0.30X 7 Suite, Apt. #, etc.	1(4)	59-3041997	Not Applicable \$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State	9	City & State	ر	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	70	Country	8. This corporation owes or has paid the c	current year Intangible
24	9. Name and Address of Cur		30 USA	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
11. Pursuant t	TE 1100 ANDO FL 32801 o the provisions of Sections 607 agistered agent, or both, in the Store femiliar agency the of	0502 and 607, 1508, Florida Statute ate of Florida, Such change was a pligations of, Section 607, 0505, Flo	84 City s, the above-named coruthorized by the corporarida Statute	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	 , ,
SIGNATURE	Signature, typed or printed name of registere.	·	Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	pt Pepper, Donna	L_) DELETE	1.1 TITLE 1.2 NAME		ND DIRECTORS IN 12 Change Addition
STREET ADDRESS	2105 PARK AVENUE, NOR	ТН	1.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP	WINTER PARK FL		1.4 DITY-ST- ZIP		
NAME STREET ADDRESS	VPS JOHNSON, TONY B. 2105 PARK AVENUE, NOR WINTER PARK FL	□ DELE¥E	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	100002497 -04/23/980 ****158.75	
CITY-ST-ZIP TITLE	ALMAID A LAMINIC	☐ DELETE	2. 4 CITY - ST - 7IP 3.1 TITLE		Change Addition
NAME			3.2 NAME)
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T on tre	4.4 CITY - ST - ZIP		- I Ohanna - I And Stan
TITLE NAME		DELETE	5.1 T(TLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-7iP		
TITLE		DELETE	6.1 TALE		Change Addition
NAME			6.2 NAME		Jan Ma
STREET ADDRESS			6.3 STREET ADDRESS		'W'
14. I hereby o	ertify that the information supplies	d with this filing does not qualify fo	64 CITY-ST-ZIP r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or c	on this annual report or suppleme director of the corporation or the r or Block 13 if changed, or on an a	suppliered of tructor proportioned to a	rate and that my signaluxecute this report as req	ure shall have the same legal effect as if made t juired by Chapter 607, Florida Statutes; and tha	under oath; that I am an It my name appears in