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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**FILED** Jan 29 1998 8:00am Secretary of State

21 26 59-3035540 Not A  Suite, Apt. #, etc.  City & State  City & State  City & State  28 Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	ed For pplicable litional red
OCALA FL 34474 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 10/26/1990  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25  Suite, Apt. #, etc. 59-3035540 Not A  Suite, Apt. #, etc. 27  City & State 28  City & State 28  City & State 28  Country 29  Country 20  Country 21  Country 25  29  30  Country 30  Name and Address of Current Registered Agent  AYRES, BENJAMIN H. 201 N. MAGNOLIA AVE SUITE 600  OCALA FL 34475  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 10/26/1990  A FEI Number 59-3035540  Not A  5. Certificate of Status Desired Fee Required Fee Requi	pplicable litional red y Be
US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/26/1990  2. Principal Place of Business 28. Mailing Address 26 59-3035540 Not A Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 28 City & State 29 Country 27 Country 28 Country 29 30 Country 30 8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes N Name and Address of Current Registered Agent  AYRES, BENJAMIN H. 201 N. MAGNOLIA AVE SUITE 600 OCALA FL 34475  83  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1990  4. FEI Number 59-3035540 5. Certificate of Status Desired 58. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes N Name and Address of New Registered Agent  AYRES, BENJAMIN H. 201 N. MAGNOLIA AVE SUITE 600 OCALA FL 34475	pplicable litional red y Be
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SUITE 600 OCALA FL 34475	
OUALA FL 344/3	
84   City   185   Zip Cod	le
FL (8) Zip Coo	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	istered
SIGNATURE Signature, typed or printed name of registered agent and titler if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	
	_ Addition
NAME DEKKER, ALBERT J. 12 NAME	
STREET ADDRESS 2121 SW 37TH ST. RD 1.3 STREET ADDRESS	1
CITY-ST-ZIP         OCALA FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change	Addition
NAME CHARDAIN, ALAIN A. 22 NAME	) Vanitali
STREET ADDRESS 1101 SE 14TH TERRACE 2.3 STREET ADDRESS	
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DELETE   DELETE   3.1 TITLE   Change	Addition Addition

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 of 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.