## 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 #

S11059

(0)

Principal Place		Mailing Address  318 ISLAND DRIVE MELBOURNE BEACH FL 32	2951	DO NOT WRITE IN 1  3. Date incorporated or Qualified  11/02/1990	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3031399	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25	293		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
CHA	A <b>RBO</b> NNEAU, RICHARD J.		81 Name		
318 ISLAND DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MELBOURNE BEACH FL 32951				( To box ( T	
			83		
			64 City		85 Zip Code
ļ					<b>FL</b>
office or reg agent. I am	part Claso	nxal-		poration submits this statement for the purportion's board of directors. I hereby accept the	
	<del></del>		Registered Agent signature requi		ATE DIDECTOR OF THE ATE
12.	OF TICERS AIN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME 4	CHARBONNEAU, RICHARD	<del></del>	1.2 NAME		C. Ouguge C. Modition
STREET ADDRESS	318 ISLAND DRIVE	<b>J.</b>	1		
1	MELBOURNE BEACH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	CHARBONNEAU, JOAN		2.2 NAME		C) change C Hosino.
STREET ADDRESS	318 ISLAND DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL		2. 4 CITY - S1 - ZIP		
TITLE	MECOGINE DESIGNITE	DELETE	3.1 TITLE		Change Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			8.4. City-ST-2IP		ļ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE .		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY et 710			6 4 CITY ST. 7ID		ľ

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this angual report or supplemental innual 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 trusted emphysicred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed organ an apid-binonically in an address.

**FILED** 

May 05 1998 8:00am

Secretary of State