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 # 1. Corporation Name

S20732

(1)

SECOND MILE, INC.

! (Billion (14 1191) Boul Bloom (1114 110 Bloom Bright Bright Bright Bright Bright (Book)

Principal Place of Business		Mailing Address		I TROKINIA KITA FITAK ABBAN KIKIPA ALIPA DILAHA TARAH DINDIA DILAHA DILAHA DILAHA DILAHA DILAHA DILAHA DI	
3709 8 TAMPA AVE		3709 S TAMPA AVE			
ORLANDO FL 32639-8837		ORLANDO FL 32839-8837			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
O Dringing! D	llone of Diverses	TAC MARKE AUGUST		12/20/1990	
	Place of Business	2a. Mailing Address		4. FEt Number	Applied For
Suite, Apl.	# elc	Suite, Apt #, etc.		59-3043774	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Floation Compoint Financia	* · · · · · · · · · · · · · · · · · · ·
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(0)	Country	8. This corporation owes or has paid the c	
24	25	<u> </u>	30	Personal Property Tax due June 30.	Yes No
,	9. Name and Address of Curre			10. Name and Address of New Registere	
Al	JSTIN, KRIS R		81 Name		
3709 S TAMPA AVE			PO C44 A d	(D.O. D., D., D., L., M., M., M., M., M., M., M., M., M., M	
	RLANDO FL 32809		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
J.			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statute	s, the above-named cor	rnoration submits this statement for the nurnose	of changing its registered
office or r	e giste red agent, or both, in the State im f a miliar with, and accept the oblig	ા of Florida. Such change was at	uthorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature: typed or printed name of registered au	ent and title it applicable (NOTE	Registered Agent signature requ	ired when reinstatog) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		Change Addition
NAME	A USTIN, KRIS P		1.2 NAME		
STREET ADDRESS	3709 S TAMPA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	DVS	DELETE	2 1 TITLE		Change Addition
NAME	AUSTIN, CATHERINE A		22 NAME		
STREET ADDRESS	3709 S TAMPA AVE		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 THILE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 101.6		Change Addition
NAME			5.2 NAME		· —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 1ITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
1					
STREET ADDRESS			6 3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.