## 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 #

(0)

## **FILED** May 27 1998 8:00am Secretary of State

	ILUKIDA KEALIY	OF ORLANDO, IN	1C .			Constitution of the Consti	, ,,		
Principal Place of Business Mailing Address									
2596 CREEKVIEW CIRCLE OVIEDO FL 32765  2596 CREEKVIEW CIRCLE OVIEDO FL 32765									
						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualified			7
						01/07/1991			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	IA A	pplied For	1
21		26 2596 Cree	26 2596 Creekview Circle			59-3050042	No	ot Applicable	
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	1
22		27				Fee Required			
City & State	<b>)</b> '	Cily & State	<u></u>			6. Election Campaign Financing \$5.00 May Be			
23			\$			Trust Fund Contribution Added to Fees			4
Zip	<u> </u>			¬ ·		8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30.  Yes No			
24	9. Name and Address of Cur	29  rent Registered Agent				10. Name and Address of New Registered Agent			-
<u> </u>		ent negistored Agent		<b>81</b> Nan	ne	ID. Italia and Realizes of New Hogistons	a rigotti	·	١,
Ri	udolph, Craig W. 96 CREEKVIEW CIRCLE								╛
	IEDO FL 32785			<b>82</b> Stre	et Addre	ss (P.O. Box Number is Not Acceptable)			
01	100 FC 02700		ľ	83			<del> </del>		1
									4
				84 City		Fi	B5 Zip	Code	
11. Pursuant i	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the at	ove-nam	ed corpo	oration submits this statement for the purpose	of changing	registered	1
office or ri	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was	authorized	by the c	orporatio	on's board of directors. I hereby accept the ag	opointment as	registered	
	מס סוו אלסססם סויש ליווא ימווווו וחודו	T JOSOF, 100 Housest Oct.	ionoa otat	at00.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered	Agent signa	ture required	d when reinstating) DATE			5
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			ۼۣٳ
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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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.