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 DOCUMENT #

S30368

(2)

FILED May 04 1998 8:00am Secretary of State

Principal Place 1500 BEVILLE STE 128 DAYTONA BE US 2. Principal P 21 Suite, Apt.	E RD EACH FL 32114 Place of Business	Mailing Address P.O. BOX 15110 DAYTONA BEACH FL 32115 US 2a. Mailing Address 26 Suite, Apt #, etc.		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 02/06/1991 4. FEI Number 59-3051008 5. Certificate of Status Desired	S SPACE Applied For Not Applicable \$8.75 Additional
22 City & Stat 23	в	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Country	This corporation owes or has paid the opersonal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
	DRAN, THEODORE R.		61 Name		
444 SEABREEZE BLVD SUITE 800			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
UA	YT ON A BEACH FL 32118		84 City	*	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli-		the above-named cor horized by the corpora da Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ABBITTOTO OF THE OFFICE AND	Change Addition
NAME	SADLER, GERRI		1.2 NAME		
STREET ADDRESS	1637 JACOBS RD		1 3 STREET ADDRESS		
CITY-ST-ZIP	S DAYTONA FL	İ	1.4 CITY - ST - ZIP		ן ו
TITLE	51	☐ DELETE	2.1 TITLE		Change Addition
NAME	SADLER, W.R.		2.2 NAME		
STREET ADDRESS	1637 JACOBS RD		2.3 STREET ADDRESS		in the second
CITY-ST-ZIP	S DAYTONA FL		2. 4 City - St - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1301E		Change Addition
NAME			4. 2 NAME		j
STREET ADDRESS			4.3 STREET ADDRESS		
CfTY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITUE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		

14. Thereby 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

4-9-98