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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jan 23 1998 8:00am Secretary of State

	1998	D D	IVISION OF CO	POP	ONS	Scorciar	y of State
	MENT # \$3063 Y KALMANSON, P.A.	1	(3)				
	ce of Business	Mailing Add					41) 41211 4:311 4i411 4121 BiEt. 1431
500 N. MAIT #305	LAND AVE.		500 N. MAITLAND AVE. #305				
			FL 32751			DO NOT WRITE IN THIS SPACE	
				1		3. Date Incorporated or Qualified 02/08/1991	
2. Principal f	Place of Business	2a. Mailing A	Address			4. FEI Number	Applied For
21		26				59-3055113	Not Applicable
Suite, Apt	. #, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & Sta	te	27 City & St	ate			6. Election Campaign Financing	\$5.00 May Be
23		26		- 1		Trust Fund Contribution	
Zip	Country	Zip		Country		8. This corporation owes or has paid t	
24	25 25 Name and Address of Curre	29		<u>ol'</u> _		Personal Property Tax due June 30 10. Name and Address of New Regis	
KA	ALMANSON, BARRY	in registered Age		81	Name	IO. Home Blid Address of New Hegis	tored Agent
500 N. MAITLAND AVE.					Street Addr	ress (P.O. Box Number is Not Acceptable)	
					Olicel Addi	less (1.0. Box Number is Not Acceptable)	
M/	AITLAND FL 32751			B3			
				84	City		85 Zip Code
11 Pureuant	to the provisions of Sections 607 050	12 and 607 1508 F	Inrida Statutos	the above	a-namod corr	poration submits this statement for the nurn	FL 89 2.10 Code
office or	registered agent, or both, in the State	e of Florida, Such o	change was au	lhorized by	the corporal	poration submits this statement for the purp tion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	and a second tribute and a second tribute second	juniona on doorion	50.10000, 110.1	aa otatato			
	Signature, typed or printed name of registered ag		(NOTE: E		ınt signature requi		DATE
12.	OFFICERS AN	ID DIRECTORS	DELETE	13. 11 TITLE	···	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
NAME	KALMANSON, BARRY	_	7 041516	1.2 NAME			
STREET ADDRESS	500 N. MAITLAND AVE. #30	5		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751			1.4 CITY-S	T-ZIP		
TITLE	D		DELETE	2.1 TITLE			Change Addition
NAME	KALMANSON, BARRY	-		2.2 NAME			
STREET ADDRESS	500 N. MAITLAND AVE. #309 MAITLAND FL 32751	•		2.3 STREET			
CITY-ST-ZIP TITLE	MATCATO I C 02/01		DELETE	2. 4 City - 5 3.1 Tille	1-7Ir		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3 4. CITY - S	ST-ZIP		
TITLE	[L	□ DELETE	4.1 TITLE	-		Change Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET	2010004		
CITY-\$1-ZIP				4.5 STREET			
TITLE		L	DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>		DELETE	5.4 CITY - S	T - ZIP		Change 1 4 4 4 10 1
TITLE NAME		L.	ן הנונונ	61 TITLE 62 NAME			Change Addition
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-S	l		

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 attachmon with an address.

SIGNATURE: