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 #

S81443

(1)

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business Mailing Address 2817 NORTH POWERS DRIVE P.O. BOX 680249 SUITE 400 ORLANDO FL 32818-3241 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
Suite, Apt. #, etc. Suite, Ap	2. Principal Plac	ce of Business	2a. Mailing Address						Ar	onlied For
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	21		26			62-1125954				
Trust Fund Contribution Added to Fees Zip						,		T		
25 29 30 Personal Property Tax due June 30. Yes No	23		28		. •					
9. Name and Address of Current Registered Agent BROKAW, PATRICIA A. 2817 N. POWERS DR. SUITE 400 ORLANDO FL 32818-3241 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, by bod or profiled name of registered agent and filed if applicable 12. OF I CERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PROKAW, PATRICIA A. 12 NAME STREET ADDRESS ORLANDO FL DELETE 1.3 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Change Addition	—						, , , , , , , , , , , , , , , , , , ,			
BROKAW, PATRICIA A. 2817 N. POWERS DR. SUITE 400 ORLANDO FL 32818-3241 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and acceptable) SIGNATURE SIGNATURE Signature, typicd or prutind manic of registered agent and title of applicable (NOTE: Registered Agent egrature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BROKAW, PATRICIA A. 2817 N. POWERS DR #400 ORLANDO FL DELETE DELETE DELETE 1 STREET ADDRESS ORLANDO FL Change Addition Addition STREET ADDRESS CITY-ST-ZIP DELETE 22 STREET ADDRESS CITY-ST-ZIP Change Addition	24				30					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or prototed name of registered agent and title of appticable (NOTE: Registered Agent argnature required when reinstating) DATE	SUITE 400 ORLANDO FL 32818-3241 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuti			talutes, the	83 84	City named c	corporation submits this statement for t	FI ne purpose	of changing if	ts registered
TITLE PRESIDENT Change Addition NAME BROKAW, PATRICIA A. STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE Addition DELETE 1.51TILE 1.2 NAME STAPLETON, PATRICIA A. 1.3 STREET ADDRESS 2.9 17 N. POWERS DR #400 ORLANDO FL Change Addition Addition Change Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	agent I am SIGNATURE	familiar with, and accept the obligation of the familiar with, and accept the obligation of the familiar with a second of the second of the familiar with a second of the second of th	igations of, Section 607.050.	5, Florida St (NOTE: Register	atutes.	`	equired when reinstaling)	DATE		
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CITY-ST-ZIP 2 4 CITY-ST-ZIP	NAME									
	1 1									
	CITY-ST-ZIP TITLE		DELETE			- ZIP			Change	Addition

CITY-ST-ZIP 14. 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 for an antachment with a supplemental properties.

3.2 NAME

4.1 TITLE

5.1 TITLE

5 2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP

4.3 STREET ADDRESS

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4.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

(407)293-7300 4-13-98

Change

Change

Change

Addition .

Addition

Addition

FILED

Apr 16 1998 8:00am

Secretary of State