## 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 CORPSPATIONS

DOCUMENT #

(6)

Principal Place of Business  4480 MEADOWOOD DR. MULBERRY FL 33860  Marking Address  4480 MEADOWOOD DR. MULBERRY FL 33860						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2. Principal Place	of Business	2a. Mailing Address					pplied For
21 Suite, Apt. #, 6		Suite, Apt. #, etc.				60 7E	ot Applicable Additional
22	, (C.	27				I & Contitionte of Statue Desired I I TTT	equired
City & State		City & State				May Be to Fees	
Zip	Couritry 25	7 <sub>ip</sub>	30	Country	· <del>···</del>	This corporation owes or has paid the current year In Personal Property Tax due June 30.      Yes	tangible No
	Name and Address of Curre	ent Registered Agent	15.74			10. Name and Address of New Registered Agent	
	ERRY FL 33860  The provisions of Sections 607.05  Stored agent, or both, in the State	.02 and 607.1508, Flori to of Florida, Such char	da Statutes, ti ge was autho	84 he above	City e-named corpora	rporation submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment at	Code Its registered s registered
SIGNATURE							
				-	ni signature req	uired when reinstating) DATE	DO 111 40
TITLE	OF ICERS A	ND DIRECTORS	TETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
NAME STREET ADDRESS	PIPER, PATRICK C. 4460 MEADOWOOD DR.			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-S 2.1 TITLE	1 - ZIP	Change	Addition
NAME				2.2 NAME		La Grango	
STREET ADDRESS CITY-ST-ZIP				2.3 STREET 2.4 CITY - 5			
TITLE		Di	LETE	3.1 TITLE 3.2 NAME	77.611	Change	Addition
STREET ADDRESS			1	3.3 STREET			

6.4 CITY - ST - ZIP 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 arrival 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, orion in attricting in with an address?

4.1 TITLE 4. 2 NAME

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

Tesident

DELETE

DELETE

DELETE

**FILED** 

Feb 26 1998 8:00am

Secretary of State

941-646-1941

Change

Change

Change

Addition

Addition

■ Addition