## 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 # S91340

(7)

## **FILED** Mar 20 1998 8:00am Secretary of State

SCORE	I SOM' IMC'				1 48 C(1818 410 4616) 110 CC (1111 416) 617) 618)	LIGIT STON SIGN GIGIT STON (GS)
Principal Place	e of Business	Mailing Address	•		14315640 [18 1818] 1500 UST 0151 0101 001 0101	ENDAN OLONY OSOAN CANAN MENUNTERA
6100 W FAIRFIELD DR		101 S JEFFERSON ST	101 S JEFFERSON ST			
PENSACOLA FL 32505		SUITTE A		DO 1107 11/DITE 11/7	"O OD 1 OF	
us		PENSACOLA FL 32501	PENSACOLA FL 32501 US		DO NOT WRITE IN TH	HIS SPACE
		US			<ol> <li>Date Incorporated or Qualified</li> <li>10/28/1991</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3099841	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>⊢</b> '''		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27 City 8 Ct-t-	City & State			Fee Required
City & State		<u>├</u>	<u></u>		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Cou	untry	Trust Fund Contribution	Added to Fees
24	25	29	30	anti y	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Ves No
24	9. Name and Address of Curr		[30]		10. Name and Address of New Register	_
CA	NTAVESPRE, PATRICIA			81 Name		
	S JEFFERSON ST					
	TE A			62 Street Add	lress (P.O. Box Number is Not Acceptable)	
	ISACOLA FL 32501			83		
	TONOOD! ! E SESS!					
Ť				84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Florida Stat	utes, the a	bove-named cor	<del>_</del>	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	tle of Florida. Such change wa	s authorize	d by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
	m lamiliar with, and accept the ob-	igations of, Section 607.0505,	rivilua ola	iules.		
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (N	OTE Registare	d Agent signature requi	ired when reinstating) DA1	Ē
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 Ti	TLE		Change Addition
NAME	CANTAVESPRE, PATRICIA		1.2 N	AME		i
STREET ADDRESS	101 S JEFFERSON ST SUIT	ΈA	1.3 S	TREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 C	TY-ST-ZIP		
TITLE		☐ DELETE	2.1 TI	TLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 \$	REET ADDRESS	ton and the state of the state	
CITY-ST-ZIP			2.40	ITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TI	TLE	•	☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 ST	reet address		İ
CITY-ST-ZIP			3 4. 0	ITY-ST-ZIP		
TITLE		☐ DELETE	4.1 Ti	TLE		Change Addition
NAME			4. 2 N	AME		1
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-\$T-ZIP		····	4.4 CI	TY-ST-ZiP		
TITLE		☐ DELETE	5.1 ¥i	rle		Change Addition
NAME			5.2 N/	AME		
Street address			5.3 S1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELET <b>e</b>	6.1 TI	ILE		Change Addition
NAME			6.2 N/			
STREET ADDRESS			6.3 S1	REET ADORESS		
CITY CT. 7ID			64.0	TV . ST . 71P		

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 received 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 attachment with an address.