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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S99863

(0)

BUBBERS, YOAKUM & ASSOCIATES, CERTIFIED PUBLIC A

FILED Apr 28 1998 8:00am Secretary of State

CCOUNTANTS, P.A.											
Principal Plac	e of Business	Mai	ling Address				t embrene ein ellen inten inten aren	, ,,,, 8,8,, 618	## ##### ####	1); 0 1 0 31 1401	
100 PARNEL	L STREET	10	100 PARNELL STREET								
	LAND FL 32953	RRITT ISLAND FL 32953				DO NOT WRITE IN THIS SPACE					
US		U:	5				3. Date Incorporated or Qualified		OI AOL		
							12/12/1991				
9 Principal F	Place of Business	20	Mailing Address				4. FEI Number		Ar	oplied For	
	1800 OF Edswices	26	g . taa. oos				59-3096203			ot Applicable	
Suite, Apt	#. etc.		Suite, Apt. #, etc.					F-3		Additional	
22		<u>}</u> -	27				5. Certificate of Status Desired		Fee Re	equired	
City & Sta	le		Crty & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country		Zφ	Countr	У		8. This corporation owes or has p	paid the cu	rrent year Int	tangible	
24	26	29		30			Personal Property Tax due Jur			No	
	g, Name and Addres	s of Current Registe	ered Agent				10. Name and Address of New F	egistered	Agent		
B	UBBERS, WILLIAM J.			81	1	Name					
	O PARNELL STREET				2	Street Addre	Address (P.O. Box Number is Not Acceptable)				
M	ERRITT ISLAND FL 329	7 03		83	3						
					1				75-1 7:-		
				84	•	City		FL	85 Zip (Code	
office or agent 1 a SIGNATURE	registered agent, or both, am familiar with, and acce Signature, typod or printed name of	pt the obligations or,	Section 607.0505, I	-iorida Statute	95.	the corporation	ration submits this statement for the n's board of directors. I hereby acc twhen reinsleting)	ept the app	oontment as	registered	
12.	OF	FICERS AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOF	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE					Change	Addition	
NAME	BUBBERS, WILLIAI			1.2 NAME	Ξ	•				1	
STREET ADDRESS	2352 N TROPICAL			1.3 STREE	ET AL	DORESS					
CITY-ST-ZIP	MERRITT ISLAND	FL		1.4 CITY	ST-	ZIP					
TITLE	D		☐ DELETE	2.1 TITLE	•				Change	Addition	
NAME	BUBBERS, CAROL			2.2 NAME							
STREET ADDRESS	2352 N TROPICAL			2.3 STREE	ET AI	DDRESS					
CITY-ST-ZIP	MERRITT ISLAND	FL		2.4 CITY	-ST-	-ZIP					
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME	1			3.2 NAME						-	
STREET ADDRESS				3.3 STREE	ET AI	DORESS				1	
CITY-ST-ZIP				3.4. CITY		- ZIP				1	
TITLE			DELETE	4.1 TITLE					☐ Change	Addition	
NAME				4. 2 NAM	_						
STREET ADDRESS				4.3 STREE							
CITY-ST-ZIP				4.4 CITY-		ZIP			Change	Addition	
TITLE			☐ DELETE	5.1 TITLE					Change	Magning)	
NAME			•	5.2 NAME							
STREET ADDRESS				5.3 STREE							
CITY-ST-ZIP	-		DELETE	5.4 CITY		-ZIP			Change	☐ Addition	
TITLE	1		☐ DELETE	6.1 TITLE					TTI CIREIDA	רד עמונוטנו	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STRE		l l					
CITY-ST-ZIP	1			6.4 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 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 attachment with an address