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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

Principal Place of Business

415 ORANGE ST.

21

22

23

24

Zip

TITUSVILLE FL 32796

Suite, Apt. #, etc

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25947

(5)

Mailing Address

TITUSVILLE FL 32782

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

PO BOX 8089

CAMINITI & JARVIS ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

JARVIS, ROBERT N 2642 OHERRYWOOD LANE

TITUSVILLE FL 32780

FILED					
May 05 1998 8:00an	n				
Secretary of State					



85

Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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

Country

81

82

83 84 City

30

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or pented name of rejestered agent and lefe diagrate able. (NOTE Registered Agent signature required when reinstating). DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	11 TITLE	☐ Change ☐ Addition		
NAME ·	CAMINITI, JOSEPH M	1.2 NAME			
STREET ADDRESS	4865 ST JAMES AVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP			
TITLE	VSD DELETE	2.1 TITLE	Change Addition		
NAME	JARVIS, N ROBERT	2.2 NAMÉ			
STREET ADDRESS	2642 CHERRYWOOD LN	2.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL	2. 4 City-St-ZiP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	☐ DELETE	4.1 THILE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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.