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

- 1	I MARIA BOLENA HINEL ALEIG BEGER LANG HARE BEREN
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FILED

Feb 23 1998 8:00am

Secretary of State

MICHA		A. Mailing Address				
1009 E. HWY. 436 Altamonte springs fl 32701 US		1009 E. HWY. 436 Altamonte Springs Fl 32701 US				
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2 Principal Pi	ace of Business	2a. Mailing Address			04/29/1992 4. FEI Number	T 1
21		26		59-3132139	Applied For Not Applicab	
Suite, Apt.	#, etc	Suite, Apt #, etc			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	- Ζφ 29	Country 30	у	 This corporation owes or has paid the co Personal Property Tax due June 30. 	rrent year Intangible Yes No
	9. Name and Address of Currer		1301		10. Name and Address of New Registered	
SA	N FILIPPO, MICHAEL J.		81	Name		
	19 E. HWY 436		62	Street Ade	dress (P.O. Box Number is Not Acceptable)	
ALI	TAMONTE SPRINGS FL 32701					
			83			
			84	City	F.L	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	12 and 607 1508 Florida Statu	tes the abov	e-named co		of changing its registers
	egistored agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was alions of, Section 607,0505, Fl	authorized b orida Statute	y the corpores	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE .	Signature, typod or ponted name of regularization	ent and 69 - Langue abic (NOT	E Recestered Ac	ont signature regu	uired when reinstating) DATE	
12.	OFFICERS ANI		13.	on signature rec	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TIFLE	D	DELETE	11 TITLE			☐ Change ☐ Addition
NAME	SAN FILIPPO, MICHAEL J		12 NAME			
STREET ADDRESS	815 ARLINGOTH BLVD		1 3 STREET	T ADDRESS		
CiTY-ST-ZIP	ALTAMONTE SPRINGS FL	Dovers	1.4 CITY-S	ST-ZIP		
TITLE NAME		☐ DELETE	2.1 TITLE			Change Additio
STREET ADDRESS			2 2 NAME			
CITY-ST-ZIP			2.3 STREET			
TITLE		DELETE	2. 4 CITY- 3.1 TITLE	31 · ZIF		Change Additio
NAME		•	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE		☐ DELETE	41 TITLE			Change Additio
NAME			4. 2 NAME	l l		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DECETE	4.4 CITY - S	ST - ZIP		Channe Lawrence
NAME		□ oterit	5.1 TITLE			Change Additio
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE	 	DELETE	6.1 TITLE	71 - 20		☐ Change ☐ Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-S	IT-ZIP		

Thereby 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 this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in