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



COF	PROFIT RPORATION JAL REPORT	Sandra B	RTMENT OF STATE	May 14 1998 8:00am
DOCUI	1998 MENT # V3545	DIVISION OF C	ry of State CORPORATIONS	Secretary of State
HIDDEI	A AILLAGE, MO.			
Principal Place		Mailing Address		(EDDII BIIDDO KINDI BIIII: DIBBI BIIII BIBI BIBII BIBII BIBII BIBII BIBII BIBII BIBII
502 NW 16TH GAINESVILLE		502 NW 16TH AVENUE Gainesville FL 32801		
U\$		Ų\$		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/11/1992
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		59-3123048 Not Applicable \$8,75 Additional
22		27		5. Certificate of Status Desired
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
WA	VRREN, MICHAEL E.		81 Name	
502 NW 16TH AVENUE			82 Stree	et Address (P.O. Box Number is Not Acceptable)
GA	INESVILLE FL 32601		83	
			84 City	85 Zip Code
				FL [1]
office or re	egistered agent, or both, in the Sta	ito of Florida. Such change w as a	authorized by the co	ad corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	m familiar with, and accept the obt	igalions of, Section 607.0505, Fix	orida Statutes.	
	Signature, typed or printed name of registered a			ure required when reinstating) DATE DATE
12.	PD OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	WARREN, MICHAEL E.		1.2 NAME	7
STREET ADDRESS	502 NW 16TH AVENUE		13 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP TITLE	GAINESVILLE FL VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	WARREN, PHYLLIS P.		2.2 NAME	
STREET ADDRESS	502 NW 16TH AVENUE		2.3 STREET ADDRESS	s l
CITY-ST-ZIP TITLE	GAINESVILLE FL S	DELETE	2. 4 C(TY - ST - Z(P 3.1 T)TLE	S xx Change Addition
NAME	-RAPPORT; J. D.	Car operate	3.2 NAME	ROMANS, RICHARD
STREET ADDRESS	4141 N.W. 24TH DRIVE		3 3 STREET ADDRESS	_ l ; ;
CITY-ST-ZIP	GAINESVILLE PL	Hours	3.4. CITY- ST-ZIP	Gainesville, FL 32606
TITLE NAME		☐ DELETE	4.1 TITLE 4. 2 NAME	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	s
CITY-\$1-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	8

by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED