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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06 1998 8:00am Secretary of State

	1998	DIVISION OF	CORPORATIONS		
	IMENT # V3870 on Name oran Business Center,	\ /		I LEGIT BULLET HUDT FORM ELGE BULL ONDU	NAKA BURUL BURUL BURUL BURUL HARI
Principal Pla	on of Business	Mailing Address			
Principal Place of Business Mailing Address					
305 DOUGLAS AVE 305 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714			L 32714		
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 05/26/1992	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3123759	Not Applicable
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	OREMAN, STEPHEN F		Name		
305 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
. ~	LIAMONIE OFFINGS FL 32/14		83		
			84 City	F	85 Zip Code
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered
agent. I	am familiar with, and accept the obl	ligations of, Section 607.0505, Fi	orida Statutes.	mon's poard or directors. Thereby accept the a	appointment as registered
SIGNATURE					4-1-48
12.	Signature, typed or printed name of registered in	AND DIRECTORS (NOT	F Registered Agent signature requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	P
TITLE	D	DELETE	1.1 TOTLE	Appliformation for the principal of the	Change Addition
NAME	FOREMAN, STEPHEN F.		1.2 NAME		;
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	DUNCAN, H.A.		2.2 NAME		
STREET ADDRESS	706 TURNBULL AVE #104 ALTAMONTE SPGS FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ALIAMONIC DEUD FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		hampy white the	3.2 NAME		
STREET ADDRESS	,		3 3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY - ST - ZIP		Change Laddising
TITLE		טננונ	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	` 1		5.4 CATY-ST-ZIP		
TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY. ST. 21P	1		6.4 CITY_ST. 7IP		1

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 of the ecciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an afficiency with an address.

SIGNATURE:

the Ferena

(407) 862-4280