## 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

DOCUMENT # V4347

(5)

CIVIX. INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Jul 08 1998 8:00am Secretary of State

OIVIA, I													
Principal Place of Business Mailing Address									<del></del>	-{		ITA UILA UILA DI	
										1			
2033 MAIN ST STE 104					2033 MAIN ST STE 104								
SARASOTA FL 34237					SARASOTA FL 34237					DO NOT WRITE IN THIS SPACE			
US				1	US					3. Date Incorporated or Qualifie	đ		
										06/12/1992			
2. Principal Pl	ac <b>e o</b> f Busi	ness		2a. Mailing Address						4. FEI Number		<del> </del>	oplied For
21					Suite, Apt. #, etc.					65-0338675			ot Applicable
Suite, Apt. #, etc. 22					27					5. Certificate of Status Desired		<b>4 4</b>	Additional equired
City & State	<del></del>			- 21	City & State					6. Election Campaign Financing			May Be
23	•			28	28					Trust Fund Contribution			to Fees
Zip		1	Country	_  -				Country		8. This corporation owes or has			
24	25			29	30					Personal Property Tax due Ju	•		No
	Address of Curre	nt Regis	stered Agent					10. Name and Address of New Registered Agent					
PAI	RK <b>e</b> r, The	ODO	ORE				61	Nar	ne				
2033 MAINST.							82	Stre	et Addre	ss (P.O. Box Number is Not Accep	able)		
SUITE 100													
SARA <b>\$</b> 0TA FL 34237							83	1					
							84	City	,			. 85 Zip	Code
11. Pursuant t office or re agent. Lar	io t <b>he</b> provis egi <b>ster</b> ed ag m f <b>am</b> iliar w	sions gent, ith, a	of Sections 607.050 or both, in the State nd accept the oblig	02 and 6 e of Flori jations c	607.1508, Florida Statu ida. Such change was if, Section 607.0505, F	tes, the authoriz lorida St	abov ed b latute	re-nam y the i is.	ned corpo corporatio	oration submits this statement for the on's board of directors. I hereby acc	e purpose cept the a	e of changing it appointment as	ts registered registered
SIGNATURE													
Stpnature, typed or printed name of registered ag  12. OFFICERS AN					gont and title if applicable (NOTE: Registered ND DIRECTORS 13.			ent sign	ature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE		2C IN 12
TITLE	PST		OFFICENS AN	O One	DELETE		TITLE		1	ADDITIONS/CHANGES TO OF	ICERS A	Change	Addition
NAME		HY	ROD			1.2 NAME							
STREET ADDRESS	CONNELLY, ROD 2033 MAIN ST., 104				B C			1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL							1.4 CITY-ST-ZIP					
TITLE	VP.	•	<u></u>		DELETE		TITLE	0		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	••	DORMAN, TERRY 221										-	
STREET ADDRESS		STREET, #104		2.3 \$			2.3 STREET ADDRESS						
CITY-ST-ZIP	SARAS					2.4	CITY-	ST-ZIP					
TITLE					DELETE	3.1	TITŁE					Change	Addition
NAME						3.2	NAME						
STREET ADDRESS						3.3	STREE	T ADDRE	ss				
CITY-ST-ZIP						3.4	. CITY-	ST-ZIP					
TITLE					☐ DELETE	4.1	TITLE					☐ Change	Addition
NAME						4. 2	2 NAME						
STREET ADDRESS								t Aodre	SS				
CITY-ST-ZIP					Drugge			ST - ZIP				Charte	T L Addition
TITLE					☐ DELETE		TITLE					L] Change	Addition
NAME							NAME						
STREET ADDRESS								T ADDRE	SS				
CITY-ST-ZIP						5.4	CITY-	ST-ZIP	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 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 allaction with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

7 / 98

94 9(372

Change

Addition

CH2E034 (10/97)