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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporatio	n Name	# V469 *JUST FOR T		(9) TH OF IT"							
Principal Plac	o of Business			Mailing Address					-		
· ·			,	•							
6300 N. WICKHAM ROAD Suite 119				6300 N. WICKHAM ROAD SUITE 119					}		
MELBOURNE FL \$2940				MELBOURNE FL 32940					DO NOT WRITE IN THIS SPACE		
US				US					3. Date Incorporated or Qualified		
A Drivet of Disco of D				La. Maria Adams					06/22/1992	 	
2. Principal Place of Business				2a. Mading Address					4. FEI Number	h	pplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-3135183		ot Applicable
22				27					5. Certificate of Status Desired		Additional leguired
City & State				City & State				6. Election Campaign Financing		May Be	
23				28				Trust Fund Contribution		to Fees	
Zip	Zip Country			Zip Country				_	8. This corporation owes or has paid the	current year in	itangible
24	25			9 30					Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	Istered Agent		10. Name and Address of New Registere				d Agent				
	vi\$, stevi					81	Name				
6300 N. WICKHAM ROAD						82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		****
SUITE 119											·
MELBOURNE FL 32940						83					
							City		F	L 85 Zip	Code
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
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
	Signature Types	Expended name of regist	b ren agect and le RS ANU (JIRI				e required	~		DD 11.40	
12.	PVST	ORIGI	US MINO DIM	DELETE	13.	TITLE		T'	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	DAVIS, STEVIE			C Meete		1.2 NAME		1			
STREET ADDRESS	******************						1.3 STREET ADDRESS				
CITY-ST-24P	MELBO						1.4 CITY-ST-ZIP				
TITLE				DELETE	_	2.1 TITLE		 		Change	Addition
NAME					221	2 2 NAME		1			
STREET ADDRESS					23	STHEET	ADDRESS				
CITY-SI-ZIP							2 4 CHTY-ST-ZIP				
TITLE				DELETE	3.1	3.1 TITLE				Change	Addition
NAME					3.21	NAME		1			
STREET ADDRESS					3.3	STREET	ADDRESS				
CITY-ST-ZIP						3.4 CITY-ST-7IP		ļ	·		
TITLE	DELETE					4.1 TITLE				L.] Change	☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP		DELETE	4.4 CITY- ST- ZIP 5.1 THLE				Change	☐ Addition			
TITLE				☐ perese	52 NAME					L Change	
NAME CTREET ADDRESS					5.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					5.4 CITY-ST-ZIP						
TITLE				DELETE						Change	Addition
NAME						NAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					- 1	CITY-S					

14. 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 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.

May 27 1998 8:00am

Secretary of State