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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

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May	18	1998	8:00am				
Sec	cret	ary of	State				

Principal Place of Business SUT NORTH ALK BLVD SURE 1 SURE	ADVEN	TIUNE HIMES KATAKS, INC	•			
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Performance of Business 2a Miching Andress 5c			••		· ·	
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Zip	· ·	9	<u>├</u> ─┐ ′			
28 29 29 30 Personal Property Tax due, June 30 Yes No		Country		Country		
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WIGAL, STEPHEN SOP FRORTEL AND. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above names corporation submits this statement for the purpose of changing its registered agent, or logh, in the State of Florida. Sucti change was authorized by the captorplaine's board diffectors. I hereby accept the appointment as registered agent, or logh, in the State of Florida. Sucti change was authorized by the captorplaine's board diffectors. I hereby accept the appointment as registered agent, or logh, in the State of Florida. Sucti change was authorized by the captorplaine's board diffectors. I hereby accept the appointment as registered agent, or logh, in the State of Florida. Sucti change was authorized by the captorplaine's board differences. I hereby accept the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment as registered agent. I have a complete the appointment agent agent. I have a complete the appointment as registered agent. I have a complete the appointment agent agen	24					
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Big City Alm Back Garciers FL Bis Zig Code	,N	DALM DEAGH FL 83408				WAV
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-names/corporation submits this statement for the purpose of changing its registered agent, or high in the State of Horida. Such change was authorized by the perporation's board of directors. I hereby accept the appointment as registered agent and and secretify changes of Section 607.0505, Horida Statutes. SIGNATURE SIGNATURE 12. OF TICE RS. AND DIRECTORS DITE BS. AND DIRECTORS OF TICE RS. AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2 TITLE OF CORPORATION OF THE GLORES OF THE CORPORS OF THE CORPOR OF THE CO	•	222222			Joseph John Marie	
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Floridal Statutes. the above-named-corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and a depthtie obligatorys of Section 607,0505, Floridal Statutes. SIGNATURE Signature. The company of the provision of Section 607,0505, Floridal Statutes. SIGNATURE Signature. The company of th					alm Saach Garcens FL	85 29 29/0
SIGNATURE 12. OFFICERS AND DIRECTORS TILE MAME WIGAL, DEBRA STREET ADDRESS GITV-ST-2P TITLE MAME CLARR, NANCY STREET ADDRESS GITV-ST-2P TITLE MAME STREET ADDRESS ACTIV-ST-2P TITLE MAME TITLE MAME TITLE TITLE MAME TITLE TIT	11, Pursuant	to the provisions of Sections 607.050	i2 and 607.1508, Florida Statutes	the above named co	reporation authorite this statement for the purpose of	changing its registered
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Signature byte die process diege and lefter 1 appellator (MOTE Register Affaits definitive recorder which recreating) DATE	1	Stephen I	4 Nigal	Starke	er Huisne OH	38 9 8°
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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 of 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 coon an attrictment with an address.

6.3 STREET ADDRESS 6.4 CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP