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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V61608** 

, and

NAME

TITLE NAME

STREET ADDRESS

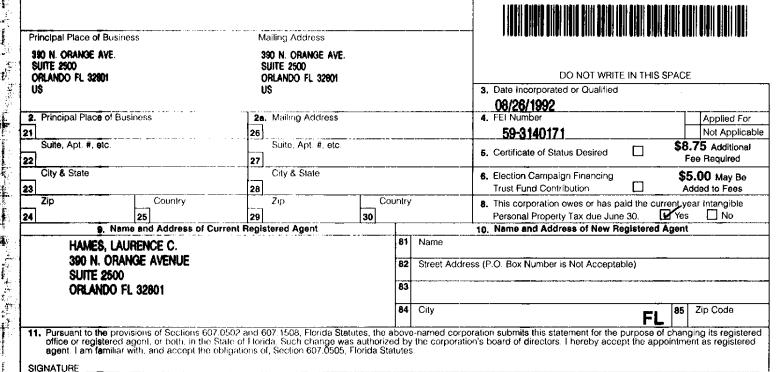
STREET ADDRESS

CITY-ST-ZIP

(8)

SALLEY, FEINBERG, HAMES & HINTZE, P.A.

FILED	
May 05 1998 8:00am	ì
Secretary of State	



Signature, typed or printed hance of registeroid agont and tille it appropable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE SALLEY, STEPHEN G. NAME 1.2 NAME 235 SPRING LAKE HILLS DRIVE STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 701.6 FEINBERG, STEPHEN D. NAME 2.2 NAME **875 CRESTON DRIVE** STREET ADDRESS 2.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE HAMES, LAURENCE C. NAME 3.2 NAME 100 OAKLEIGH DRIVE STREET ADDRESS 3.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE 4.1 TITLE Change Addition TITLE HINTZE, RUSSELL P 4.2 NAME NAME **\$10 STONEBRIDGE DR** STREET ADDRESS 4.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition

6.4 CITY-ST-ZIP 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 supplied 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.

5.2 NAME

61 THLE

6.2 NAME 63 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

☐ Addition