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 # 1. Corporation Name V65194

(5)

DAVID E. DISNEY, P.A.

Mailing Address

FILED May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				E SOUS MINDIO AND OTERS LIGITO FAILE AND PRINCIP BIRIT AND FOR BIRIT BIRIT BIRIT BIRIT BIRIT		
234 WEST NEW YORK AVENUE DELAND FL 32720		234 WEST NEW YORK AVENUE						
		DELAND FL 32720	DELAND FL 32720			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	UI NOL	
						09/18/1992		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26	26			59-3142449		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
22		27				5. Certificate of Status Desired	Fee Req	ulred
City & State	9	City & State	<u></u> 1 ′			6. Election Campaign Financing	\$5.00 M	
23		28	Countr			Trust Fund Contribution	Added to	
Zip	Country	Zip	30	¬ ′		8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intar □ Yes □	- 1
24	9. Name and Address of Curren	29 29 Agent	[30]	7		10. Name and Address of New Registered		140
Die	NEY, DAVID E.			81	Name			
234 WEST NEW YORK AVENUE				82				
	LAND FL 32720				Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
00	DAID I C DEFEC			83				
					<u> </u>			1 -
				84	City	FL	85 Zip Co	oae
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	above	e-named co	proration submits this statement for the purpose of	f changing its	registered
office or ri agent. I ai	egiste red agent, or both, in the State m fam iliar with, and accept the obliga	of Florida, Such change wa ations of, Section 607.05 0 5,	is authorize Florida Sta	eo by atutes	r the corpor. S.	ation's board of directors. I hereby accept the app	ooiniment as re	egistered
SIGNATURE								
	Signature, typed or porited name of rugislered age				nt signature req	(ured when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS DELETE	13.	IIILE		ADDITIONS/CHANGES TO OFFICERS AND		IN 12 Addition
TITLE NAME	BIGNIEU BALAN			1		Unange	Addition	
STREET ADDRESS	234 W. NEW YORK AVE		1.2 NAME 1.3 STREET ADDRESS		100000			
CITY-ST-ZIP	DEL AND PL			DITY-S	1			
TITLE	VSTD	DELETE		TITLE	1-611		Change	Addition
NAME	DISNEY, DAVID E.				1			
STREET ADDRESS	234 W NEW YORK AVE				ADDRESS			
CITY-ST-ZIP	DELAND FL				ST - ZIP			
TITLE			3.11	TITLE			Change	Addition
NAME			3.21	MAME				
STREET ADDRESS			3.3 3	STREET	ADDRESS			
CITY-ST-ZIP		<u>_</u>		CITY-S	ST-ZIP			
TITLE		DELETE		IIIFE			Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		CITY-S	T-ZIP		Choose	Addition
TITLE		DELETE	5.11				Change	☐ Addition
NAME				NAME	*PD0ECO			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		CITY-S TITLE	I-ZIP		Change	Addition
TITLE		□ orreit			1		THE DIRECTOR	Addition
NAME PERCET ADDRESS				NAME STREET	Annece			
STREET ADDRESS					ADDRESS :			
CITY-ST-ZIP			0.4 (CITY-S	1-20 1			I

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 collocation 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 infanchment with an address.