SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

1	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
	IMENT #	+ V70'	73.5			
Mon	tvero	le Eloci	teic, elno			
Principal Plac	ce of Business	11:10 00	Mailing Address			
16104 Hillstoll Cir.					DO NOT WRITE IN T	HI S S PACE
Montrerde, Fl 34756					3. Date Incorporated or Qualified	
2. Principal f	Pla ¢e of Busine		28. Mailing Address		4. FEI Number Applied For	
Suite, Apt #, etc			Suite, Apt. #, etc.		59-3/5043/	Not Applicable \$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & Sta	ate		City & State	.FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	-	Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24	9. Name a	5 nd Address of Current		30 Capl	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
My Dy City B1 Name					SAME	
Non		yni 02 Cir		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
16109	HUSIA			83		
Mont	werde,	FL 34756		84 City		FL 85 Zip Code
11. Pyrsuant	t to the provision	ns of Sections 607,0502	and 607.1508, Florida Statules	, the above-named cor	poration submits this statement for the purpose	e of changing its registered
office or agent 1 a	registered ager am familiar with	at, or both, in the State of and accept the obligati	riorida. Such change was aut ons of Section 607.0505, Flori	da Statules.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	SIGNATURE	PAYTIGHT.	Tresident and the if appreciable (NOTE	Heig stored Agent signature requ	ured when reinstating)	ing)
12.	TA	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITL! NAME	Presid	ent sight	Di Dittett	1.1 TITLE 12 NAME		Cuange C August 1
STREET ADDRESS	16109 71	illside Cir		1 3 STREET ADDRESS		·
CITY-S1-7IP TITLE	Mente	ude, 71 39	756 DELETE	1.4 CITY-SY-7IP 2.1 TITLE		Change Addition
NAME	SEC/Tr	eas Coult	Unite it	2.2 NAME		The Property of the Property o
STREET ADDRESS		Harrie Cir		2.3 STREET ADDRESS		
CITY-S1-7:P	Moxtues	de, 7134756	/ Projects	2.4 CITY-\$1-7IP	**************************************	
TITLE NAME	1	•	☐ DELETE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS				33 STREET ADDRESS		
Crty+S1+7/IP			, <u>.</u>	3.4. CITY - ST - ZIP		
1011 F			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS		
CHY-SEZIF				4.4 CITY-ST-ZIP		
1000			☐ DELETE	5.1 TITLE		Change Addition
NAME CARLLANDRICE				5.2 NAME 5.3 STREET ADDRESS	600002656 -10/06/9801011-	- 0 42
STREET ADDRESS				5.4 CITY-\$1-7(P	***550,00	
TILLE	T		DECETE	6 1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		1 N 6
STREET ALFORESS CITY STEZIE	1			6 3 STREET ADDRESS 6 4 CITY-ST-ZIP		/ 10· ´
14. Thereby	certify that the i	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
indecated on this animal 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 12 or Block 10 in an attachment with an address.						
		>//->	1/5/2	Ma K	a Obober (10-)	140.0001