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

FILED Apr 03 1998 8:00am Secretary of State

DOCUN 1. Corporation	MENT # V7205	50 (C))			
	DDUCTIONS, INC.					
Principal Place	of Business	Mailing Address			- CODIC ALLOIS CODEA COLL COLL DESTINATO COLL DE	11 B1811 B1811 B1811 B1871 1881
SOI E. CERVANTES ST 501 E. CERVANTES ST					•	
SUITE 4 SUITE 4 PENSACOLA FL 32501 PENSACOLA FL 32501					DO NOT WRITE IN THIS	SPACE
FEHONOOLA FE OROUT					3. Date Incorporated or Qualified	TOLAGE
					10/14/1992	ì
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3149841	Not Applicable
Suite, Apt. i	W, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		A Station Consider State of the	Fee Required
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	- 		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent
BUNZE, DOUGLAS S.				81 Name		
4951 PATTOCK PLACE				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PACE FL 32571			83			
				84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505/ Plorida Statute.				e above-named con		
office or re	egistered agent, or both, in the Sta	ate of Florida, Such char	ge was author 0505/Florida	rized by the corpora	ition's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE HOLD SHOULD BE STORE OF THE SIGNATURE HOLD SHOULD SHOUL					v 3/	31/98
SIGNATUREA	Signature, typed or primestraine of registered	agent and title if applicable		stered Agont signature requ		<i></i>
	OFFICERS /	WID DIVIE OTOTIO		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DINITE DOLIGIAGO		I.1 TITLE		L. Change L. Addition	
NAME STREET ADDRESS	4951 PATTOCK PLACE			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL			1.4 City-St-Zip		
TITLE	DV			1 TITLE		Change Addition
NAME	BUNZE, TAMALA H.			2 NAME		
STREET ADDRESS	4951 PATTOCK PLACE		2	2.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		j 2	2. 4 CITY-ST-ZIP		
TITLE		DI).1 TITLE		Change Addition
NAME			. .	3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		1
CITY-ST-ZIP				4. CITY - ST - ZIP		
TITLE		□ DI		C.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				1. 2 NAME		
STREET ADDRESS CITY-ST-ZIP				1.3 STREET ADDRESS		
TITLE		DI		i.1 TITLE		☐ Change ☐ Addition
NAME		_ 		5.2 NAME		-
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE		D	LETE	S.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	antiful that the information	durith this files dos		64 CITY - ST - ZIP	Castian 110 07/2VI) Florida Ptatutas 14 mt	portify that the information
indicated	on this annual report or supplied	ntal annual report is true	and accurate	and that my signate	n Section 119.07(3)(i), Florida Statutes. I further ourse shall have the same legal effect as if made to	under oath: that I am an

required on this antibar report or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or frustee 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.