FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

151

FILED Feb 18 1998 8:00am Secretary of State

	NAME HOUSE	2 (5)							
Principal Place	e of Business	Mailing Address	·				IRMEL MIMEL MIMILE	BERTH MEDIS 18#1	
680 MT ROSE		680 MT ROSE ST RENO NV 89509							
RENO NV 895 US	08	US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 08/21/1990]
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1	
21		26				88-0227524		Not Applicable	4
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		Zip Country				Trust Fund Contribution		d to Fees	4
Zip Country		Zip		untry		This corporation owes or has paid the Personal Property Tax due June 30.	current year	Intangible No	
25 g, Name and Address of Curren		29 1 Registered Agent	30	<u>'l</u>		10, Name and Address of New Registers		LINO	1
CT	CORPORATION SYSTEM		16	1 Name					1
	O SOUTH PINE ISLAND ROAD		١,	2 Street A		(D.O. Day M. Inches in Mark Assentable)			┨
	INTATION FL 33324		ľ	Street A	(dores	ss (P.O. Box Number is Not Acceptable)			
			8	13					1
			Ē	14 City			. 85 Z	ip Code	1
				1			L °° ′		1
11. Pursuant to office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida. Such change was	es, the abo authorized	ove-named o by the corp	corpo oratio	ration submits this statement for the purpose n's board of directors. I hereby accept the a	a or changing appointment	g its registered as registered	
agent. I a	m fa miliar with, and accept the obliga								
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NO)	E Repistered	Agent signature r	regulred	J. (A)	<u> </u>		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A]6
TITLE	PO	☐ DELE TE	1.1 TITL	Ε [E Chang	e 🔲 Addition	15
NAME	PIERSON, KENNETH C	нС		1.2 NAME					2
STREET ADDRESS	9095 CAMILL DR RENO NV					30 Mt. Rose St.			Ĭμ
CITY-ST-ZIP	TD	☐ DELE TE		- ST-ZIP	KE	eno, NV 89509	X Chang	e Addition	ļè
TALE	PORTER, MARY J			2.1 TITLE 2.2 NAME			451 Onling	C	-
NAME Street address	3898 VISTA CREST					30 Mt. Rose St.			
CITY-ST-ZIP	RENO NV					eno, NV 89509			
TITLE	SO	DELETE	3.1 TITE				K Chang	e Addition	1
NAME	PIERSON-TOBEY, BETTY			3.2 NAME					
STREET ADDRESS	1485 WEBSTER WAY			3.3 STREET ADDRESS 6		30 Mt. Rose St.			
CITY-ST-ZIP	RENO NV		3.4. CITY	r-St-ZIP	Re	eno, NV 89509			
TITLE	_	DELETE	4.1 TITU	 	V.		Chang	e 🗶 Addition	
NAME			4. 2 NAN	Æ.		chael Dineen			
STREET ADDRESS				ET ADDRESS		30 Mt. Rose St.			
CITY-ST-ZIP		DELETE		-ST-ZIP	Re	eno, NV 89509	Change	o Addition	┨
TITLE			5.1 TITU		<u> </u>		Chang	e L Addition	
NAME PROFESS ADDRESS			5.2 NAM						1
STREET ADDRESS				ET ADDRESS -ST-ZIP					
CITY-ST-ZIP TITLE		5.4 DELETE 6.1			-		Chang	e Addition	1
NAME	1		6.2 NAM	1					
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
	ertify that the information supplied wi	th this filing/does not qualify f			d in S	ection 119.07(3)(i), Florida Statutes. I further	certify that t	he information	1

indicated on this annual report or supplemental annual officer or director of the corporation or the receiver plock 12 or Block 13 if changed, or on an attachorse and accurate and that my signature shall have the same legal effect as if made under oath; that I am an

Dregident

(702)323 - 2002