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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745928 (2)
1. Corporation Name
DEEDS AND DEDICATION, INC.



Principal Place of Business: 3002 GANDY BLVD TAMPA FL 33611 US
Mailing Address: P O BOX 13845 TAMPA FL 33681

3. Date Incorporated or Qualified: 02/13/1979
4. FEI Number: 59-1897081
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HUNT, TIMOTHY, 101 E KENNEDY BLVD, TAMPA FL 33601

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: CICARRELLO, SAM	1.1 TITLE: S	1.2 NAME: Debbie Gordon
STREET ADDRESS: 25 SPANISH MAIN	CITY-ST-ZIP: TAMPA FL	1.3 STREET ADDRESS: 6416 Ambassador	1.4 CITY-ST-ZIP: Tampa FL 33615
TITLE: D	NAME: MERSERAU, SCOTT W	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 886 TIMBER POND DR.	CITY-ST-ZIP: BRANDON FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: DT	NAME: MERSERAU, ARLINE	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 886 TIMBER POND DR.	CITY-ST-ZIP: BRANDON FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: HOLDER, LUCILLE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 4703 LOWELL AVE..	CITY-ST-ZIP: TAMPA FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: T	NAME: COLEMAN, EDITH	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 2508 KANSAS AVE.	CITY-ST-ZIP: TAMPA FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D	NAME: MEADOWS, B J, DR	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 3301 BAYSHORE BLVD #1610	CITY-ST-ZIP: TAMPA FL	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I hereby 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edith Coleman* EDITH COLEMAN Date: Jan 12, 1998

CFR2E037 (10/97)