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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED	
Apr 03 1998 8:00an	1
Secretary of State	

815-353-0311

1998 DIVISION OF CORPORATIONS					
	MENT # H43830 LAND BUSINESS GROUP,	(-)			
Principal Place	e of Business	Mailing Address			IN MANAL MANAL MANALA MANALA AMPAR
3314 HENDER	ISON BLVD.	3314 HENDERSON BLVD			
106 TAMPA FL 33	609	106 Tampa Fl 33609		DO NOT WRITE IN THIS	SPACE
U\$		US		3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		02/21/1985 4. FEI Number	Applied For
21	GOO OF FIGURESS	26		59-2495998	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	<u> </u>	City & State			Fee Required
23	0	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		XX Yes ☐ No
	Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	AMAN, RONALD M. BS LOIS AVE				
	MPA FL 33609		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W 1 1 2 00000		83		
			84 City		85 Zip Code
44 Purcuent	to the provisions of Sections 507 050	2 and 607 1509 Florida Statu	ton the above named a	corporation submits this statement for the purpose	el apareira ila tagialatad
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607,0505, Fl	authorized by the corpo orida Statutes.	oration's board of directors. I hereby accept the ap	pointment as registered
12.	Signature, typed or printed name of registored age OFFICERS AN		IE: Registered Agent signature re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONO/OF WINGLES TO STANDERS AND	Change Addition
NAME	SEAMAN, RONALD M.		1 2 NAME		
STREET ADDRESS	413 S LOIS AVE			3314 HENDERSON BLUD., STE.106	
CITY-ST-ZIP TITLE	TAMPA FL SD	[] DELETE	1.4 CITY-\$T-ZIP 2 1 TITLE		Change Addition
NAME	SEAMAN, MARY H.	(_) otter	22 NAME		X , _
STREET ADDRESS	413 S LOIS AVE		2.3 STREET ADDRESS	3914 FENDERSON BLUD. STE.100	;
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME DEPET ADDRESS	SEAMAN, M. KATHRYN 413 S LOIS AVE		3.2 NAMÉ	3314 HENDERSON BLYD, STE. 100	6
STREET ADDRESS CITY-ST-ZIP	TAMPA FL		3.3 STREET ADDRESS , 3.4. CITY-ST-ZIP	3314 MENDERSON DELLA	
TITLE	11444714	DELETE	4.1 DILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		( ) DELLIE	5.1 TITLE 5.2 NAME		Gliange Author
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify f	6.4 CITY-ST-ZIP or the exemption stated	in Section 119.07(3)(i), Florida Statutes, I further of	certify that the information
indianted	on this applied consider a supplementa	d appulationant in true and an	surata and that my aires	ature shall have the same legal effect as if made usequired by Chapter 607, Florida Statutes; and that	مرمين سيسا فمطفي طفيم معُمام ي