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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
Jan 22 1998 8:00am
Secretary of State

	1998	3.11	DIVISION OF CORPORATIONS			Secretary of State		
	MENT # J	01950 N, INC.	(1)			Secretar	y or su	
Principal Plac	ce of Business	Mail	ing Address			: : : : : : : : : : : : : : : : :	it oldii sibii bisit oldii dedi	ii bib ii i ea i
% GLEN HO			GLEN HOUGH			1		
1862 CASTLE WOODS DRIVE 1862 CASTLE WOODS DRIVE CLEARWATER FL 34619 CLEARWATER FL 34619				RIVE		DO NOT WRITE	IN THIS SPACE	
GLEANWATER PL 34019						3. Date Incorporated or Qualified	IN THIS STACE	
						03/04/1986		
	Place of Business	⊢ ,	Mailing Address			4. FEI Number		plied For
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.			59-2661853		t Applicable
22 27						5. Certificate of Status Desired	\$8.75 A	
City & Stat	te		ity & State			6. Election Campaign Financing	\$5.00	·
23		28				Trust Fund Contribution	Added t	
ZipQQr	159 Countr	y z	33759	Countr	y	8. This corporation owes or has pai		
24 55		29 ess of Current Register		30		Personal Property Tax due June 10. Name and Address of New Reg		_ No
HC	DUGH, GLEN	<u> </u>		81	Name	10, 112113 2112 7122 200 0, 11017 1105	Jistorou Agent	
	62 CASTLE WOODS	DRIVE		82	Stroot Ad	dress (P.O. Box Number is Not Acceptable	lo)	
	EARWATER FL 34619					Liess (F.O. BOX Nutriber is Not Acceptable	ie)	
				83				
				84	City		85 Zip ()ode
44 Purcuant	to the provisions of Soci	tions 607 0502 and 607	1500 Florido Stotuto	a the shou			FL 33	, 154
office or r	registered agent, or both	n, in the State of Florida.	Such change was a	uthorized b	y the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accep	urpose of changing its it the appointment as i	registered registered
	ım tarmılar with, and acc	ept the obligations of, s	ection 607.0505, Fibi	rida Statute	S.			
SIGNATURE	Signature, typed or printed name	e of registered agent and title if a	pp!lcable. (NOTE	Registered Ag	ent signature requ	ufred when reinstating)	DATE	
12.		FFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	P HOUGH CLEN		DELETE	1.1 TITLE			Change	Addition
NAME STREET ADDRESS	4000 OFOTE MOODO DENTE			1.2 NAME	. ADDOTTE			
CITY-ST-ZIP	CLEARWATER FL			1.3 STREET				
TITLE ,	OLD UNIVERSITE	<u> </u>	DELETE	2.1 TITLE	11-ZIF		☐ Change	Addition
NAME				22 NAME			_ ,	_
STREET ADDRESS				2.3 STREET	ADDRESS		- :	
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			L Change	☐ Addition
NAME STREET ADDRESS				3.2 NAME				i
CITY-ST-ZIP				3.3 STREET 3.4. CITY - 1	ļ			
TITLE			DELETE	4.1 TITLE	51-4IF		☐ Change	Addition
NAME				4. 2 NAME			-	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
name Street address				5.2 NAME 5.3 STREET	ADDRESS			
CITY+ST+ZIP				5.4 CITY-S				
TITLE			DELETE	6.1 TITLE	1 44		☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S			· · · · · · · · · · · · · · · · · · ·	
14. I Dereby C	erury inat the information	n supplied with this filing	a goes not quality for	the exemn	noo stated in	Section 119 07(3)(i) Florida Statutes I fo	urther certify that the i	ntormation

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(t), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

SIGNATURE: