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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Feb 25 1998 8:00am Secretary of State

Principal Place of Business ** LAWRENCE M. HANKIN 3701 S OSPREY AVE SARASOTA FL 34239 **SARASOTA FL 34239 **SARASOTA FL 34239 **DO NOT WRITE IN THIS SPACE **3. Date Incorporated or Qualified 05/19/1986 **2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applie 05/19/1986 **2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applie 59-2715261 Not Al Suite, Apt. #, etc. 22 27 City & State City & State City & State City & State 28 Trust Fund Contribution Added to F 29 30 Personal Property Tax due June 30. **Yes Interpretation Personal Property Tax due June 30. **Yes Interpretation **Principal Place of Business 4. FEI Number Applie 59-2715261 Not Al Fee Requir Fee Requir 50 Added to F Country 8. This corporation owes or has paid the currept year Intang Personal Property Tax due June 30. **Yes Intang Personal Property Tax due June 30. **Y	ed For pplicable litional red uy Be ees pible
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2033 MAIN ST #400 SUITE 6 Sireet Address (P.O. Box Number is Not Acceptable)	
SUITE 6	
SARASOTA FL 34237	
84 City 85 Zip Cod	ie
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re-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 607.0505, Florida Statutes.	gistered istered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or product name of registered and little 4 synthable (NOTE Registered Agent signature required when reinstating) DATE OPTION OF THE REGISTER OF T	
12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12
	Addition
NAME COWLES, ROBERT 12 NAME	
STREET ADDRESS 4092 SOUTHWELL WAY 1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP	Addition
NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS	
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	Addition
NAME 4.2 NAME	_
STREET ADDRESS 4.3 STREET ADDRESS	
CITY - ST - ZIP	
	Addition
NAME 5.2 NAME	
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	
CRY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

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 cath; 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 changed or on an attachment with an address.

2/18/98

941 -954-4443