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

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #

1. Corporation Name



J31766

Secretary of State DIVISION OF CORPORATION

(5)

FILED May 29 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1998



mane	Tamsler 6'. 1	2000	FILED),	
	y. Damsker & J					
	e of Business	Mailing Addre				
806 E MADIS		606 E MADISO				
P O BOX 172009 TAMPA FL 33672-7009		P O BOX 172009 TAMPA FL 33672-7009				DO NOT WRITE IN THIS SPACE
		17111177772 001				3. Date Incorporated or Qualified
						09/04/1986
	Place of Business	2s. Mailing Ad	dress			4. FEI Number Applied For
21		26				59-2720097 Not Applicab
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 Cinc 8 Ctol			27			Fee Required
City & Stat	0	City & State	e			6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28		Country		Trust Fund Contribution
24	25		30	1 '	•	8. This corporation owes or has paid the current year Intangible
<u> </u>	9. Name and Address of Curr	[29] rent Registered Agent		<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DA	····			81	Name	
	MSKER, LEE S. B E MADISON ST.					
	MPA FL 33672-7009		82 Street A		Street A	t Address (P.O. Box Number is Not Acceptable)
. IVI	MFA FL 33072-7009			83		
•						
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Flo	rida Štatutes, t	the above	e-named	d corneration submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the Sta	ite of Florida, Such cha	ange was auth	orized by	y the corp	reporation's board of directors. Thereby accept the appointment as registered
	on rannoral with, and accept the ob-	igations or, section oc	7.0000, FIORIG	a Statutes	S.	
SIGNATURE	Signature, typed or printed name of registered a	ages Land the if suplicable	(NOTE: Ro	gistered Age	ent signature	re required when reinstating) DATE
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE		☐ Change ☐ Additio
NAME	Maney, David A.			12 NAME		
STREET ADDRESS	1009 S OREGON			1.3 STAEET	ADDRESS	
CITY-ST-ZIP	TAMPA FL			1.4 CITY - S	T - ZIP	
TITLE	VSTD DELETE		DELETE	2.1 TITLE		Change Additio
NAME	Damsker, Lee S.			2.2 NAMÉ		
STREET ADDRESS	4706 W HERON LN			2.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL			2. 4 CITY - 5	ST - ZIP	
TITLE	D	X	DELETE	3.1 TITLE		Change Addition
NAME	HARRIS, NANCY H			3.2 NAME		
STREET ADDRESS	5014 EUCLID AV			3.3 STREE1	ADDRESS	
CITY+\$T-ZIP	TAMPA FL	·-		3.4. CITY - S	S1 - ZIP	
TITLE	DS		DEL€TE	4.1 TITLE		Change Addition
NAME	JONES, KAREN L			4. 2 NAME		
STREET ADDRESS	1009 S. OREGON STREET			4.3 STREET	ADDRESS	
CITY+\$T-ZIP	TAMPA FL			4.4 CITY-S	T-ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				52 NAME		000002541810
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	****150.00 /_
TITLE			DELETE	6.1 TITLE	Ţ	Change Odditio
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	ノ、ハ
CITY-ST-ZIP				6.4 CITY-S1	T- 21P	1

14. Thereby 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 im 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.