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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

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Select Appl #, etc.    Survey   State    <del></del> '		<u>⊬</u> ¬						
Second   Status   Desired   Status   Desired   Second	Suite, Ap	ot. W, etc.			CQ 75 additional			
City 4 State   California   Cal	22		27					
Zip   Country   Zip   Country   Zip   Country   B. This corporation over on her paid the curryfit year Inlangible   Personal Property Tax due June 20   Zip   No.   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   15   Name	City & State		City & State					
Personal Property Tex due June 30  Personal Property Tex due June 40  Personal Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 000 Personal Statutes, the above-named operation submits this statement for the purpose of changing its registered deport and formation is registered deport and		Country		Country				
LETSCHERT, TRUDO 1510 A TUTLE AVENUE SARASOTA FL FL 34239  152 Street Address (P.O. Box Number is Not Acceptable)  153 Street Address (P.O. Box Number is Not Acceptable)  154 City  155 Street Address (P.O. Box Number is Not Acceptable)  156 Street Address (P.O. Box Number is Not Acceptable)  157 Pursuant to the provisions of Sections 607 0507 price Street Address (P.O. Box Number is Not Acceptable)  158 Street Address (P.O. Box Number is Not Acceptable)  159 Street Address (P.O. Box Number is Not Acceptable)  150 Street Address (P.O. Box Number is Not Acceptable)  150 Street Address (P.O. Box Number is Not Acceptable)  151 Description of specific or		<b>├</b> ─¬	<del>-</del>					
LETSCHERT, TRUDO 1510 S. TUTTLE AVENUE SARASOTA FL FL 34239  11. Pureusant to the provisions of Sections 607 0567 and 607, 1508. Florida Statutes, the abovernment of opporation submits this statement for the purpose of changing its registered agent a member with, and accept the obligations of Section 607 0505, Florida Statutes, the abovernment of opporation is board of directors. Hereby accept the appointment as registered agent a member with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  12. OF IF ICERS AND DIRECTORS  SIGNATURE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ITILE  PST  LETSCHERT, TRUDO  15. STREET ADDRESS  SARASOTA FL  15. STREET ADDRESS  SARASOTA FL  15. STREET ADDRESS  SIRRET ADDRESS  CITY-51-7P  TILL  DELETE  2 1 TILL  2 2 HAME  2 2 HAME  2 2 HAME  2 3 STREET ADDRESS  CITY-51-7P  TILL  MARE  1 3 STREET ADDRESS  CITY-51-7P  TILL  MARE  1 3 STREET ADDRESS  CITY-51-7P  TILL  DELETE  2 1 TILL  2 1 TILL  2 1 TILL  2 1 TILL  3 STREET ADDRESS  CITY-51-7P  TILL  MARE  3 STREET ADDRESS  CITY-51-7P  TILL  DELETE  4 1 TILL  2 HAME  4 3 STREET ADDRESS  CITY-51-7P  TILL  MARE  3 STREET ADDRESS  CITY-51-7P  TILL  DELETE  4 1 TILL  Change  Addition  MARE  5 STREET ADDRESS  CITY-51-7P  TILL  DELETE  5 STREET ADDRESS  CITY-51-7P  TILL  CHANGE  5 STREET ADDRESS  5 CITY-51-7P  TILL  CHANGE  5 STREET ADDRESS  5 CITY-51-7P  TILL  CHANGE  5 STREET ADDRESS  CITY-51-7P  TILL  CHANGE  5 STREET ADDRESS  5 CITY-51-7P  TILL  CHANGE  6 STREET ADDRESS  CITY-51-7P  TILL  CHANGE   E-9]			301					
1510 8. TUTLE AVENUE SARASOTA FL FL 34239  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  11. Pursuant to the provisions of Socions 607,0502, end 607,1509, Florida Statutes. Such change was authorized by the corporation's board nilectors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board nilectors. I hereby accept the appointment as registered agent, and accept the obligations of, Socion 607,0509, Florida Statutes.  12.	1			81 Nam				
SARASOTA FL FL 34239    Ba				82 Stree	et Address (P.O. Boy Number is Not Acceptable)			
Section   Sections				0.00	or right south a more respectively			
11. Pursuant to the provisions of Soctions 607,0502 and 607,1508. 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, 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, and accept the obligations of, Soction 607,0505, Florida Statutes.  Intermeter with, and accept the obligations of, Soction 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Soction 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the method of the provision s board of directors. I hereby accept the appointment as registered agent, or both provision of the provision's board of directors. I hereby accept the appointment as registered agent appeal of the corporation's board of directors. I hereby accept the appointment as registered agent appeal of the corporation's board of directors. I hereby accept the appointment as registered after a provision of the provision of the provision's board of directors. I hereby accept the appointment as registered after appeal of the corporation's board of directors. I hereby accept the appointment as registered after appeal of the corporation of the corporation of the provision of the pr				63				
The present to the provisions of Sections 607 0500 and 607,1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	l			84 City	■■ 85 Zip Code			
SIGNATURE	## Disease	the the provisions of Postions CO7 DEC	00 and 007 45 00. Florida Cial da	1 1				
SIGNATURE	office o	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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						
12			jations of, Section 607.0505, Flor	rida Statutes.				
12.	SIGNATURE	Signature, typed or printed name of registered ag-	yet and tale if applicable (NOTE	Registered Agent signatu	ture required when reinstating) DATE			
NAME   LETSCHERT, TRUDO   12 NAME   1.3 STREET ADDRESS   1510 S. TUTTLE AVENUE   1.3 STREET ADDRESS   1.4 CITY-ST-2P   SARASOTA FL	12.							
STREET ADDRESS   1510 S. TUTTLE AVENUE   1.3 STREET ADDRESS   SARASOTA FL	TITLE	PST	DELETE	1.1 TITLE	☐ Change ☐ Addition			
Addition   Change   Addition				1.2 NAME				
TITLE					\$\$			
NAME  STREET ADORESS  CITY-ST-ZIP  2 4 CITY-ST-ZIP  TITLE  DELETE  3 1 TITLE  3 2 NAME  3 2 NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  3 1 TITLE  3 1 TITLE  3 1 TITLE  3 1 TITLE  4 Addition  NAME  3 2 NAME  3 3 STREET ADORESS  CITY-ST-ZIP  TITLE  4 1 TITLE  4 1 TITLE  4 2 NAME  5 TREET ADORESS  CITY-ST-ZIP  TITLE  4 3 STREET ADORESS  CITY-ST-ZIP  TITLE  5 S STREET ADORESS  CITY-ST-ZIP  TITLE  5 CITY-ST-ZIP  TITLE  5 CITY-ST-ZIP  TITLE  5 CITY-ST-ZIP  TITLE  5 CITY-ST-ZIP  C Change  Addition  Addition  NAME  5 S S STREET ADORESS  CITY-ST-ZIP  TITLE  5 CITY-ST-ZIP  C Change  Addition  Addition  NAME  5 S S STREET ADORESS  CITY-ST-ZIP  5 A CITY-ST-ZIP  C Change  Addition  Addition  NAME  5 S S S S S S S S S S S S S S S S S S		SARASUIA FL	DELETE		Change Maddition			
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CITY-ST-ZIP		s			ss l			
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CITY-ST-ZIP	NAME			3.2 NAME				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CTTY-ST-ZIP	STREET ADDRESS	s		3.3 STREET ADDRESS	ss			
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A CITY-ST-ZIP								
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME				
	STREET ADDRESS	s		6.3 STREET ADDRESS	ss			
14. Thereby 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			Mak delication delication		And in Continue 440 07/0V/0 Clarks One and I the state of			

request compared to the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or described from the corporation of the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE:

3-4-98 941-366-9573