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

PROEIT 🚜 **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

May 19 1998 8:00am Secretary of State

MASTE Principal Place		P9400 PORATION	Mailing A	ddress								
				716 44TH ST. WEST BRADENTON FL 34209								
			••						DO NOT WRITE IN TI	HIS SPACE		
									3. Date Incorporated or Qualified 04/14/1994			
2. Principal Pl	lace of Business	 	2a. Mailing Address						4. FEI Number		Ap	plied For
1			26						65-0555111			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired			dditionat
2 City & State			City & State								ee Re	
3	u		28					'	Election Campaign Financing Trust Fund Contribution		5.00 i dded to	May Be
Zip	<u> </u>			Zip Co					8. This corporation owes or has paid the			
4	25		29						Personal Property Tax due June 30.	Yes] No
		Address of Curre	nt Registered A	\gent_				1	0. Name and Address of New Registe	red Agent		
	NIMORE, GARI],	B1	Name					
716 - 44TH STREET W. BRADENTON FL 34209							Street Addre		ress (P.O. Box Number is Not Acceptable)			
						B4						
						City			=L 85	Zip C	Code	
11. Pursuant i office or ri agent. I a	to the provisions egistered agent, im familiar with, a	of Sections 607.05 or both, in the Stat and accept the oblig	02 and 607.150 e of Florida Suc jations of, Section	B, Florida Statut h change was on 607.0505, Fl	les, the abr authorized orida Statu	ove by ites	-named or the corpo	orporal oration's	tion submits this statement for the purpos s board of directors. I hereby accept the	e of chang appointme	jing its ent as r	s registered registered
SIGNATURE	Signature, typed or pri	nted name of registered as	ent and little if applica	ble (NOT	E: Registered	Ager	nt signature re	quired wh	nen reinstating) DA	TE.		····
12.			ID DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	Р		☐ DELETE 1			1.1 TITLE				☐ Cr	iange	Addition
NAME	FENIMORE,				1.2 NAN							
STREET ADDRESS	716 - 44TH	SI. W. N FL 34209			•		ADDRESS					
CITY-ST-ZIP TITLE	DIVADENTO	N FL 34209		DELETE	1.4 City 2.1 Titu		I - ZIP			ET Cr	nange	Addition
NAME					2.2 NAA							
STREET ADDRESS					2.3 STR	EET /	address					
CITY-ST-ZIP					2. 4 CIT	Y-5'	T-ZiP					
TITLE				DELETE	3.1 TITL					□ Ct	ange	Addition
NAME					3.2 NAA	-						
STREET ADDRESS							ADDRESS					ļ
CITY-ST-ZIP TITLE				DELETE	3.4. CIT 4.1 TITL		1 - ZIP			Tick	ange	Addition
NAME					4. 2 NAJ					0		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CITY		ſ					
TITLE				DELETE	5.1 TITL	E				Cr	ange	Addition
HAME					5.2 NAN		1					
STREET ADDRESS					1		ADDRESS					i
CITY-ST-ZIP				DELETE	5.4 CITY		- ZIP			□ Cr	2000	Addition
TITLE NAME				LJ DELETE	6.1 TITU 6.2 NAM					(,	anye	L.J Addition
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	1				6.3 3 IN		ſ					
	certify that the inf	ormation supplied	with this filing do	es not qualify f				Lin Sec	tion 119 07(3)(i) Florida Statutes, I furthe	r certify th	at the	information

Thereby define monthation stippined with this filing does not quality for the exemption stated in Section 119.07(3)(). Florida Statules, illumber certify that the informatio 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 changed, or on an attachment with an address.

SIGNATURE: