

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000010406 (3)
 1. Corporation Name
2309 DALE MABRY, INC.



Principal Place of Business Mailing Address
100 SECOND AVE. S. SUITE 704 ST. PETERSBURG FL 33701
100 SECOND AVE. S. SUITE 704 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2309 N. Dale Mabry
 Suite, Apt. #, etc
22
 City & State
23 Tampa, Fl.
 Zip Country
24 33607 25 USA

2a. Mailing Address
26 Randy Wolfe
 Suite, Apt. #, etc
27 Ann's, Mitchell, Cockey, Edwards, & Roehn
 City & State
28 One Tampa City Center Suite 2100
 City & State
29 Tampa, Fl. 30 USA

3. Date Incorporated or Qualified
02/01/1995

4. FEI Number
59-3292035

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GIBBS, B G
100 SECOND AVE. S. SUITE 704 ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name Randy Wolfe
82 Street Address (P.O. Box Number is Not Acceptable) Suite 2100 One Tampa City Center
83
84 City Tampa FL 85 Zip Code 33601

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 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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Daddy J. Wolfe* *Randolph J. Wolfe, Registered Agent* **4/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD DELETE	1.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, DEAN	1.2 NAME	Dennis Sonnenschein
STREET ADDRESS	3100 COFFEE POT RIVIERA NE	1.3 STREET ADDRESS	2309 Dale Mabry
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Tampa, FL. 33607
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Don Kleinhans
STREET ADDRESS		2.3 STREET ADDRESS	2309 Dale Mabry
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL. 33607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Sec./Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael Berkens
STREET ADDRESS		3.3 STREET ADDRESS	2309 N. Dale Mabry
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL. 33607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Joseph Abdo
STREET ADDRESS		4.3 STREET ADDRESS	2309 N. Dale Mabry
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL. 33607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 *[Signature]* **4-13-98**

CR2E034 (10/97)