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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS



Sandra B. Mortham

**FILED** 

May 06 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000057856 (3)

EWING	i asset management, in	IC.			
Principal Place of Business Mailing Address				THE SHAPE THE POLICE OF THE SOUR BOUND BOOK TO SELECT THE SOUR BOOK TO SELECT THE SOUR BOOK TO SELECT THE SOUR BOOK TO SELECT THE SE	IN BUNKU HORBEN FRUBE BUHHR BEKE IRBU
100 NORTH TAMPA STREET         100 NORTH TAMPA           SUITE 2175         SUITE 2175           TAMPA FL 33602         TAMPA FL 33602			Ţ	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				' '	
2. Principal F	Place of Business	2a. Mailing Address		07/24/1995 4. FEI Number	Applied For
21		26		59-3334578	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		10	Personal Property Tax due June 30.	XX Yes  No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
HARRIS, CHARLES E 1030 NORTH ORANGE AVE STE <b>#30</b> 0			82 Street A	Benjamin C. Bishop, Jr. ddress (P.O. Box Number is Not Acceptable) 50 N. Laura Street	
	RLANDO FL 32801		83		**
				Suite 3625	Table 75- Octo
	<b>-</b>			Jacksonville	FL   85   Zip Code   32202
11. Pursuant to the provisions of Socitors 607.0502 and 607.1508, Florida Statutes, the above harded 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, am familiar with, and accept the obligations of, Socitor 607.055. Florida Statutes  SIGNATURE  SIGNATURE					
SIGNATURE	Styngare, typed or prioted name of registered ag		Registered Ment alghature re	equired when reinstating) DA	TF
12.	OFFICERS AN	D DIRECTORS	13/	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	XX DELETE	1.1 TITLE		Change Addition
NAME	HARRIS, CHARLES		1.2 NAME		
STREET ADDRESS	SS 1030 N ORANGE AVE. STE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETÉ	2.1 TITLE	C, D, P	XX Change Addition
NAME	<b>BI</b> SHOP, BENJAMIN C JR		2.2 NAME		
STREET ADDRESS	50.N LAURA ST. STE 3825		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		2. 4 CITY - ST - ZIP		
TITLE	VPST	☐ DELETE	3.1 TITLE		Change Addition
NAME	JONES, JANICE B		3.2 NAME		
STREET ADDRESS	100 N TAMPA STREET, #210	0	3.3 STREET ADDRESS		İ
CITY-ST-ZIP	TAMPA FL		3.4. CITY- ST-7IP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - St - ZiP	110000	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		

6.3 STREET ADDRESS 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.