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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000069448 (5)

	GE C. FAUGL, JR., P.A.				
Principal Piace		Mailing Address	N MI UM		
SUITE E6-4	E B. DOWNS BLVD	19651 BRUCE B. DOWNS SUITE E6-4	S BLAD.		
TAMPA FL 33647		TAMPA FL 33647 US		DO NOT WRITE IN THIS	SPACE
00		00		 Date Incorporated or Qualified 08/31/1995 	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3335667	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
City & State	P	City & State		C Floation Commanda Singuistra	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
OF	 Name and Address of Currel ORGE C. FAUGL, JR. 	nt Hegistered Agent	B1 Name	10. Name and Address of New Registered	Agent
	651 BRUCE B. DOWNS BLVD				<u> </u>
SITE E6-4			62 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MPA FL 33847		83		
			84 City		85 Zip Code
				<u> </u>	• <u> </u>
office or r	to the provisions of Soctions 607.050 registered agent, or both, in the State	02 and 607.1508, Fl orida St atut e of Florida, Such ch ange w as a	es, the above-named co authorized by the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its registered cointment as registered
1	ım familiar with, and accept the oblig	pations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or profed name of registered ag	ent and title if applicable (NOT	L: Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	GEORGE C. FAUGL, JR.		1.2 NAME		
STREET ADDRESS	19651 BRUCE B. DOWNS BI	LVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S1-ZIP		
TITLE	}	[] DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	2.4	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - \$T - ZIP 3.1 TITLE		Change Addition
NAME		בן שנגנונ	3.2 NAME		C change C vocation
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME		DELETE			
STREET ADDRESS		☐ DELETE			
CITY-ST-ZIP		DELETE	4. 2 NAME		
		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		
TITLE		☐ DELETE	4. 2 NAME		Change Addition
TITLE NAME			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
1 1			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 THLE 5.2 NAME		☐ Change ☐ Addition
NAME Street Address			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE		

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 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 in an attachment with an address.

FILED

May 13 1998 8:00am

Secretary of State