

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068388 (2)
1. Corporation Name
EQUITY COURT SERVICES OF TAMPA BAY, INC.



Principal Place of Business 6603 N WELLINGTON AVE #2 TAMPA FL 33604	Mailing Address 6603 N WELLINGTON AVE #2 TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 SOUTH ARMENIA AVE.	2a. Mailing Address 26 104 SOUTH ARMENIA AVE.
22 Suite, Apt. #, etc. STE #7	27 Suite, Apt. #, etc. STE #7
23 City & State TAMPA, FL	28 City & State TAMPA, FL
24 Zip 33609	25 Country USA
29 Zip 33609	30 Country USA

3. Date Incorporated or Qualified 08/06/1997	
4. FEI Number 593465232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STOLLER, WILLIAM R
6603 N WELLINGTON AVE #2
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name STOLLER, WILLIAM R.	
82 Street Address (P.O. Box Number is Not Acceptable) 104 SOUTH ARMENIA AVE.	
83 STE. #7	
84 City TAMPA	85 Zip Code FL 33609

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 *William R. Stoller*, **WILLIAM R. STOLLER, PRESIDENT** **4-15-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME STOLLER, WILLIAM R	
STREET ADDRESS 6603 N WELLINGTON AVE #2	
CITY-ST-ZIP TAMPA FL 33604	
TITLE D	<input type="checkbox"/> DELETE
NAME STOLLER, LOIS M	
STREET ADDRESS 185 W STREET	
CITY-ST-ZIP NWENBURG NY 12550	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME SANSONE,	
STREET ADDRESS 2025 ROGERS ST #228	
CITY-ST-ZIP CLEARWATER FL 34624	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME WILLIAM R. STOLLER	
1.3 STREET ADDRESS 104 SOUTH ARMENIA AVE., STE. #7	
1.4 CITY-ST-ZIP TAMPA, FL 33609	
2.1 TITLE N/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lois M. STOLLER	
2.3 STREET ADDRESS 185 WEST ST.	
2.4 CITY-ST-ZIP NEWBURGH, N.Y. 12550	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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.

SIGNATURE *William R. Stoller*, **WILLIAM R. STOLLER** **4-15-98** **(813)253-0372**

CR2E034 (10/97)