FILE NOW: FILING FEE AFTER MAY 1ST IS \$450.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TABCA		<i>1</i> 093429 (1)				1 1 144 1164 14 0	
Principal Place of Business Mailing Address				I NODINORI NIO FINIRI NORTE BONIN DRAFE BONIN EDINA CHAIF DARAG ANDIO A			
34550 MISSION BELL LN. DADE CITY FL 33525		34550 MISSION BELL LN. DADE CITY FL 33525		DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualified 11/03/1997		
<u></u>		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-3480963		t Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & State		City & State		6. Election Campaign Financing	\$5.00	<u></u> -	
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zιp	Country	,	a. This corporation owes or has paid the cur		
24	9. Name and Address of Curren	29 3	0		Personal Property Tax due June 30. L		No
TAF		r nogratored Agent	81	Name	10. Harrie and Address of New Hegistered	- syont	-
TABB, JANICE T 34550 MISSION BELL LN.			_				
DADE CITY FL 33525			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CADE OILL SOUZO			83				
			84	City	FL	85 Zip C	Code
SIGNATURE	Signature Trivid or printed name of inspectional inge-	eterstublikappbeable (NOTE 6			rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appured when reinstating)	changing its ointment as	s registered registered
12.	OFFICERS AND		13.	——т	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D TARRET	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	TABB, JANICE T 34550 MISSION BELL LN.		1.2 NAME 1.3 STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP	DADE CITY FL 33525		1.3 STREET				}
TITLE	D	DELETE	2 1 TITLE	71.1"		Change	Addition
NAME	TABB, JAMES K JR.		2.2 NAME				
STREET ADORESS	34550 MISSION BELL LN.		2.3 STREE	ADDRESS			
CITY-ST-ZIP	DADE CITY FL 33525		2 4 CITY - ST - ZIP				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition
NAME	CAVALL, BRUCE V		3.2 NAME				
STREET ADDRESS	34033 WOODLAND CIR.		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DADE CITY FL 33525	DELETE	3.4. CITY-SY-ZIP			Change	Addition
NAME			4. 2 NAME	1			
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 STHEET	ADDRESS			
CITY+ST-ZIP			5.4 CITY-5	ST-ZIP			

qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an very to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing doos indicated on this annual report or supplemental natural report officer or director of the corporation or the receiver or trustee er Block 12 or Block 13 if changed or or gualitachevent with an a

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

DELETE

FILED

Feb 25 1998 8:00am

Secretary of State