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 #

S03037

(6)

MORGENSTERN, PHIFER & MESSINA, P.A., CERTIFIED P UBLIC ACCOUNTANTS

Principal Place of Business 1480 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602

2. Principal Place of Business

Suite, Apt #, etc.

Mailing Address

2s. Mailing Address

Suite, Apt. #, etc.

1480 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

10/01/1990 4. FEI Number

59-3029972

22	2)				27 Solie, Apr. #, 616.						Certificate of Status Desired		\$8.75 / Fee Re		
City &	City & State			City & State						6.	Election Campaign Financing		\$5.00	May Be	
23				28							Trust Fund Contribution		Added t		
Zip		Country Zip						Country			8. This corporation owes or has paid the current year Intangible				
24		25 29 30						··			Personal Property Tax due June			No	
g. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
KALISH, WILLIAM								B1 Name							
4100 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33602							82	82 Street Address (P.O. Box Number is Not Acceptable) 83							
							02								
							63								
							84	Cit	,			121	85 Zip (Code	
44 Purplant to the provisions of Scotleres (17 01.02 and 607 1500 Flexide Statutes the								FL 13 2 posses							
11. Pursuant to the provisions of Sections 607.0562 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 Signature, typicition product ration of registered agent and ten if applicable (NOTE Registered Agent signature required when reinstalling) DATE															
12.	 								and to to to to	DIRECTOR	S IN 12				
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CITY-ST-ZIP		ne information	supplied with	this fili	na does not quali		IY-SI amol		tated in 5	Section	on 119.07(3)(i), Florida Statutes. I	further ce	rtify that the	information	
indic office	ated on this ann	ual report or : he corporatio	supplemental a in or the receiv	annual s er or tri	report is true ánd ustee empowered	áccurate an	d tha	at my	signatur	e sha	ill have the same legal effect as if by Chapter 607, Florida Statutes;	made une	der oath: tha	tlaman [