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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17226

(9)

GREGORY A. ZOLLO, PROFESSIONAL ASSOCIATION

and a)((()()(<u>)</u>		JOHAL A	occirion .									
Principal Plac	e of Busines	SS	Mail	Mailing Address]	T 18841818 184 HAND LOUIS HISTO HAND HAND D	111 81811 8 181		1911 01811 1981	
5425 PARK S	TREET NORT	TH	542	5425 PARK STREET NORTH					İ				
SUITE 1-WEST SUITE 1-WEST ST. PETERSBURG FL 33709						9			[DO NOT WRITI	그 나는 그리고	COACE	
									<u></u>	Date Incorporated or Qualified		SPACE	
									3.	12/05/1990			
2. Principal P	lace of Busi	ness	2a. N	Mailing Address					4.	FEI Number			Applied For
21			—————————————————————————————————————	26					, ·	59-3049979		-	Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.									Additional
22			27	27					5.	Certificate of Status Desired		•	Required
City & Stat	0			City & State					6.	Election Campaign Financing		\$5.0	May Be
23			28							Trust Fund Contribution			d to Fees
Zip	Country						ountry		8.	This corporation owes or has pa			ntangible
24	25		29			o				Personal Property Tax due June			□ No
		and Address of Cu	rrent Registe	red Agent					10.	Name and Address of New Ro	gistered	Agent	.,,
	LONEY, JO					81	Nam	e					
	83 CENTRA						Stree	1 Addres	ress (P.O. Box Number is Not Acceptable)				
ST.	. Peterse	SURG FL 33713				-							
						83							
						84	City					85 Zip	Code
											FL		
office or re	egistered ac	gent, or bo th, in the S	tate of Florida	 Such change was 	author	ized by	the co	d corpo rporatio	ration in's be	submits this statement for the loard of directors. I hereby acce	ourpose o pt the apr	it changing pointment a	its registered is registered
agent. I a	m tamiliar w	ith, and accept the of	oligations of, S	Section 607.0505, F	Iorida S	Statutes		•		,	, ,		Ū
SIGNATURE											DATE		
12.	Signature, typed	or printed name of registered	AND DIRECT			iered Age	nt signali	re required		reinstating) ADDITIONS/CHANGES TO OFFI		D DIRECTO	DC IN 12
TITLE	DPST	OFFICERS	AND DINCOL	DELETE		.1 TITLE		T	^	ADDITIONS/CHANGES TO OFF	JENO AN	Change	
NAME		GREGORY A.		—		.2 NAME		1					
STREET ADDRESS		OTH AVENUE NOR	RTH .		1	.3 STREET .	ANDRESS	.					
CITY-ST-ZIP	LARGO				- 1	.4 CITY-ST		1					
TITLE				DELETE		A TITLE		+				Change	☐ Addition
NAME					2.	.2 NAME							
STREET ADDRESS					2.	3 STREET	ADDRESS	.					
CITY-ST-ZIP						. 4 CITY-S							
TITLE				DELETE		.1 TITLE				****		☐ Change	Addition
NAME					3.	2 NAME							
STREET ADDRESS					3	3 STREET	ADDRESS	;]					
CITY-ST-ZIP					3.	4. CITY - S	1 - ZIP						
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	ĺ					
TITLE				☐ DELETE	5.	.1 TITLE		1				☐ Change	Addition
NAME					5.	2 NAME							
STREET ADDRESS					5.	3 STREET	ADDRESS						
CITY-ST-ZIP					5.	.4 C(TY-S)	- ZIP						
TITLE				DELETE	6.	.1 TITLE		7				Change	Addition
NAME					6.	.2 NAME							
STREET ADDRESS					6.	.3 STREET	ADDRESS						
CITY ST. 7ID						A CITY OF	710						

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 supplimental 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 expressions are required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment of an address.

1.9-99

813.5443882

FILED

Jan 28 1998 8:00am

Secretary of State