## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

-	ANNUAL REPORT  1998		F. /	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
	MENT #	N41488	3 (0)			J		
	RSHIP PASCO	), INC.	` ,					
Principal Place	of Business		Mailing Address			ABIRT INIT DERE ATOM BURE ASUAL A		
8623 REGENCY PARK BLVD. 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668 PORT RICHEY FL 34668					3. Date Incorporated or Qualif	ied	<u> </u>	
US	FL 34008		PORT RICHEY FL 34668 US		12/31/1990	<del></del>	<del></del>	
					4. FEI Number 65-0243419	<del></del>	oplied For ot Applicable	
2. Principal Pla	ace of Business		2a. Mailing Address		5. Certificate of Status Desired	E 60.75	Additional	
21 Suite Ant 4	# oto		26 Suito Amb # sta	<del></del>		Fee Re	<del></del>	
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.		6. Election Campaign Financir  Trust Fund Contribution	ng <b>\$5.00</b> t		
City & State City & State				7. Is this nonprofit corporation a homeowners association?				
23			28			Yes No		
Zip 24	25	ountry	Zip 3	Country	This corporation owes or hat     Personal Property Tax due.		angible ] No	
9. Name and Address of Current Registered Agent					10. Name and Address of New			
				81 Name			•	
	I, MICHAEL V.			82 Street A	ddress (P.O. Box Number is Not Acce	ptable)	·	
8623 REGENCY PARK BLVD.				83				
PUH H	CHEY FL 34668							
84 City					,-	FL 85 Zip	Code	
11. Pursuant to	o the provisions of	Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for oration's board of directors, I hereby a	the purpose of changing it	s registered	
agent, I an	n familiar with, and	accept the obligation	Florida, Sucit Change was au	da Statutos	orations board of directors, Thereby a	ccept the appointment as	redistered [	
			ons of, Section 617,0503, Flori	oa sialutes.	1		· 1	
SIGNATURE _								
SIGNATURE _		I name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature		DATE		
	Signature, typed or printed	d name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature i	equired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTOR		
12. TITLE NAME	Signature, typed or printed PD DENMARK, MI	I name of registered agent: OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature   13. 1.1 TIFLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTOR	S IN 12	
12. TITLE NAME STREET ADDRESS	PD DENMARK, MI 5200 WEST S	OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	PD Joanne B. H. 2503 Rustic	DATE  FFICERS AND DIRECTOR  Change  Oaks Drive	S IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENMARK, MI 5200 WEST S NEW PORT R	OFFICERS AND	and title if applicable, (NOTE: I DIRECTORS DELETE	Registered Agent signature  13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating) ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIRECTOR  Change  Coalls Drive  33549	S IN 12	
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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATE REQUIRED

**FILED** 

Feb 03 1998 8:00am