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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 312666

(1)

FILED								
Feb 19 1998 8:00am								
Secretary of State								

CH CD

L.D. BLA	anton enterprises, inc	,						
Principal Place of Business Mailing Address							# <b>                                     </b>	1 01911 1581
5436 W CRENSHAW AVE 5436 W CRENSHAW AVE								
TAMPA FL 336	TAMPA FL 33634	A FL 33634			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualified		
				,		01/12/1967		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26	26			59-1166894	Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	<del> </del>			5, Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred		
22		27						<u> </u>
City & State	1	City & State				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added 1	
Zip	Country	· · · <del>    · · · · </del>	Zip Country			8. This corporation owes or has paid the c		
24	25	<b>⊢</b>	30			Personal Property Tax due June 30.		No
	g. Name and Address of Currer					10. Name and Address of New Registered	I Agent	
BLA	NTON,L D		[	81 1	Name			
8016 LYNN AVENUE			ł	82 5	Street Addres	ess (P.O. Box Number is Not Acceptable)		
	IPA FL							
				83				
			ŀ	84 (	City		<b>85</b> Zip (	Code
						F	of aboneine it	to registered
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.								registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE .	Signature typed or printed name of registered age	ent and title 4 applicable (NOTE:	Registered	Agent I	signature required	when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	\$	DELETE 1.1		LE			Change	Addition
NAME .			1.2 NA	ME				
STREET ADDRESS			1.3 ST	REET AD	DRESS			
CITY-ST-ZIP	TAMPA FL	DE) CTÉ	1.4 CITY		ZIP		Change	Addition
TITLE	<del>-</del>		2.1 TiT				☐ Change	L Addition
NAME			2.2 NA		PBC00			
STREET ADDRESS	8016 LYNN AVENUE TAMPA FL		1	REET AD				
CITY-ST-ZIP TITLE	IAMPA PL	DELETÉ	2. 4 CITY - ST - ZIP 3.1 TITLE		ZIP		Change	Addition
NAME			3.2 NA		1			
STREET ADDRESS			3.3 STREE		DRESS			
CITY-ST-ZIP	1			TY-ST-				
TITLE		DELETE 4.11					Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STREET		DRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ZIP			
TITLE	·	☐ DELETE	5.1 TITLE				☐ Change	L Addition
NAME			5.2 NA	ME	1			
STREET ADDRESS			5.3 STREET		DRESS			ļ
CITY-ST-ZIP		T or cre	5.4 CITY - S		ZIP		- Change	Addition
TITLE		DELETE	6.1 TIT		1		Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS				REET AD				
CITY-ST-ZIP				Y-ST-2		oction 119.07(3)(i) Florida Statutes   further	portific that the	information

14. Thereby 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.