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 #

191

FILED Feb 24 1998 8:00am Secretary of State

1. Corporation	EAL, INC.	0 (2)		 	
Principal Place of Business Mailing Address				-{)
P.O. BOX 75437 P.O. BOX 75437 TAMPA FL 33675 TAMPA FL 33675				DO NOT WRITE	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				03/06/1967	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	·-	26		_59-1205173	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25		10	Personal Property Tax due June	
	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
MARIANI, GEUNGE E					
5201 CAUSEWAY BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptat	ble)
TAMPA FL 33619			83		
			03		
			84 City		85 Zip Code
		00 - 1007 4500 Et / 1 0		W 10 - 17 W 10 3 -	FL 65 210 COOF
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.					
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE					
10	Signature, typed or printed name of registered ag-	ont and title if applicable (NOTE: D DIRECTORS	Registered Agent signature require		DATE
12.	VD OFFICERS AIN	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MARIANI, GEORGE E		1.2 NAME		C Onlings C Masterer
	5201 CAUSEWAY BLVD				
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA, FL 00000 PD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MARIANI, GEORGE JR.		2.1 TITLE 2.2 NAME		Change C Roomon
	5201 CAUSEWAY BLVD		1		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE	TAMPA, FL 00000 D	DELETE	2.4 City-St-ZiP 3.1 Title		Change Addition
NAME	MARIANI, BARBARA	_ better	3.2 NAME		C onlings C Addition
	5201 CAUSEWAY BLVD				
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME	MARIANI, TIMOTHY	ال منداد	4.1 TITLE 4.2 NAME		L Change L Addition
	5201 CAUSEWAY BLVD		B		
STREET ADDRESS	TAMPA, FL 00000		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	IAMPA, FL 00000	☐ DELETE	4.4 CITY+ST+ZIP 5.1 TITLE		Change Addition
ſ		L beerie			
NAME CTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
					C cuerde C vocition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY+ST-ZIP	podify that the information grantled	ith this filing does not qualify fac-	6.4 CITY - ST - ZIP	Pootion 140 07(2)(i) Florido Statuto I	further certify that the information
indicated	on this annual tanget or supplied W	all appeal report is true and accur	are exemplion stated in S	Section 119.07(3)(i), Florida Statutes. I	torater certify that the information

indicated on this annual report of 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 unachment with an address.

SIGNATURE:

George E. Mariani 2-17-98

(813)623-3941