FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mort am

Secretary of Sta

	1998	The state of the s	DIVISION OF	CORPORATIONS	3 Secretary (or State
1. Corporatio		378809	(8)			
6301, II	NG.				r radium i lière ruman i bian estere distributer de la	PI
Principal Plac	e of Business		Mailing Address		{	EIR OLDU DADA OLDU BIBILIODU
8000E ARMENIA AVE 8000E ARMENIA AVE						
TAMPA FL 33604 TAMPA FL 33604					BO MOTHER IN THE	0.004.05
					DO NOT WRITE IN THI 3. Date Incorporated or Qualified	SSPACE
2. Principal P	Place of Business		2a. Mailing Address		03/16/1971 4. FEI Number	Applied For
21			26		59-1407222	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
City & Stat	le		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip		Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	Contry	29	30	This corporation owes or has paid the of Personal Property Tax due June 30.	urrent year intangible Yes No
£4(Address of Current F		1301	10. Name and Address of New Registere	
ROSENTHAL, V.M., JR. 81 Name						
COOR MADE AND ADDRESS AND ADDR				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAMPA, FLA					(Fig. Box Horrison is Not Accopiation)	
33604				83		
				84 City		85 Zip Code
					F	
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. 1 a	am familiar with, an	d accept the obligation	ons of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or print	ed name of registered agent a	nd litte if applicable. (NO	TE: Registered Agent signature require	ed when reinstating) DATE	
12.	•	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSENTHAL,	JR VM		1.2 NAME		
STREET ADDRESS	3619 N HOW			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0	0000	C prices	1,4 CITY-ST-ZIP		Change Addition
TITLE	VP	TODO II	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	ROSENTHAL, 3619 N HOW			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0			2. 4 CITY-ST-ZIP		
TITLE	S	0000	DELETE	3.1 TITLE		Change Addition
NAME	ROSENTHAL,	MARK S.		3.2 NAME		
STREET ADDRESS	8000E ARME			3.3 STREET ADORESS		
CITY-ST-ZIP	TAMPA FL		<u></u>	3.4. CITY-SY-ZIP		
TITLE	T		L DELETE	4,1 TITLE		Change Addition
NAME	ROSENTHAL,			4. 2 NAME		
STREET ADDRESS	8000E ARME	NIA AVE		4.3 STREET AODRESS		
CITY-ST-ZIP TITLE	TAMPA FL		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADORESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAME	f			6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
I				=		•

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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932-2880 **M3**

FILED

Jan 28 1998 8:00am