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 # 480040

(5)

TRAWLER MISS SYLVIA, INC.

Mailing Address	1 18814 BIRA (BIR) (BIR) BRIS BRIS BIRI BIRI BIRI GIRI BIRI GIRI BIRI GIRI G
5706 34TH AVE S.	

FILED

Jan 29 1998 8:00am

Secretary of State

Principal Place	Principal Place of Business Mailing Address		- I 1881/1 BION 18/14 BUIXI EBIXI BION BOX BION DIBIX DION DIDIX DIDIX DIDIX DIDIX		
5706 34TH AV	F R	5706 34TH AVE S.			
TAMPA FL 33		TAMPA FL 33619			DO NOT WOLL IN THE COACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					07/01/1975
2. Principal P	ace of Business	2a, Mailing Address			4. FEI Number Applied For
21		26			59-1604998 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Žip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Current	29 30 Registered Agent	ין י		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
510		Tiogration rigott	81	Name	10,
F70	HERT, DANIEL E 6 \$ 34TH AVE				
	APA FL 33619		82	Street A	Address (P.O. Box Number is Not Acceptable)
100	NFA FE 33018		83		
			_	0	27 Oct
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named o	corporation submits this statement for the purpose of changing its registered
office or re agent. La	agi stere d agent, or both, in the State i m fam iliar with, and accept the obliga	of Florida. Such change was aut Irons of, Section 607.05 05 , Florid	norized by la Statute	y the corp s.	noration's board of directors. I hereby accept the appointment as registered
SIGNATURE	· · · · ·				
	Signature, typed or printed name of registered ager			int signature r	required when reinstating) DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD RICHERT, DANIEL EUGENE		1.2 NAME		
STREET ADDRESS	5706 S 34TH AVE		1.3 STREET	ADDRECS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY - S		
TITLE	\$TD	DELETE	2.1 TITLE		Change Addition
NAME	RICHERT, KATHLEEN A		2.2 NAME		
STREET ADDRESS	5706 S 34TH AVE		2.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	1	L Change L Addition
NAME			4. 2 NAME	1	
STREET ADDRESS			4.3 STREET	1	
CITY-ST-ZIP		DELETE	4.4 CITY - S	IT-ZIP	Change Addition
TITLE		L_) VELERE	5.1 TITLE		L., Change L., Adunio
NAME DIRECT ADDRESS	•		5.2 NAME	*DODI DO	
STREET AODRESS			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	11-211	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY- S		
Sun-on-th			V. 1 VIII 1 1 1		

14. 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.

PHUERT