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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 486807

ESPY D. BALL, PH.D., P.A.

(1)

FILED

Mar 19 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address									*** **********		
722 WEST M L KING BLVD 722 WEST M L KING BL					/D						
TAMPA FL 336	603	TAMPA FI	TAMPA FL 33603				DO NOT WRITE IN THIS SPACE				
								3. Date incorporated or Qualified			
								10/01/1975			
2, Principal Pi	lace of Busine	SS	2a. Mailing	Address				4. FEI Number	A	pplied For	
21			26	26				59-1620400	N N	ot Applicable	
Sulte, Apt.	#, elc.		Suite,	Suite, Apt. #, etc.				Certificate of Status Desired		Additional	
22			27					6. Certificate of Status Desired	Fee R	beriupe	
City & State	Ð		City &	City & State				Election Campaign Financing		May Be	
23			28					Trust Fund Contribution		to Fees	
Zip	ļ	Country	1—n	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
24	2 Name 2	5 nd Address of Curre	29]					Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent			
541		IIO AUDITES DI CUITI	on negistered A	your	8	11	Name	10, Italia allo Accides di Itali Ilagistali	na ngoni		
BALL, ESPY D.						Л.					
	W. BUFFAL						82 Street Address (P.O. Box Number is Not Acceptable)				
IAN	MPA FL 3360	13			ē	3	 				
						\perp					
					8	4	City	F	85 Zip	Code	
11. Pursuant t	to the provisio	ns of Sections 607.05	02 and 607.1508	3. Florida Statut	les, the abo	ve-	named corp			its registered	
office or re	egistered age	nt, or both, in the Sta	te of Florida, Suc	h change was	authorized	by t	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the e	ppointment a	s registered	
	or ignimal with	, and accept the civi	ganono or, book		ondo oldio						
SIGNATURE	Signature, typed or	printed name of registered a	gent and tilk-it applicat	ole. (NOI	E: Registered /	gent	t signature requir	red when reinstating) DATE			
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD			DELETE	1.1 TITLE		1		Change	Addition	
NAME	BALL, ESI				1.2 NAM						
STREET ADDRESS		BUFFALO AVE.					ADDRESS				
CITY-ST-ZIP	TAMPA FI	<u> </u>		DELETE.	1.4 CITY	_	- ŽIP		Change	[] Addition	
TITLE	D			DELETE	2.1 TITL				[] Change	LJ Addition	
NAME		IN, JAMES C.			2.2 NAM					}	
STREET ADDRESS	TAMPA FI	ania drive					LDORESS			. [
City-St-ZIP Title	IAMPA FI			DELETE	2.4 CITS 3.1 TITL		-ZIP		Change	Addition	
NAME					3.1 IIIL		İ			1000	
STREET ADDRESS							LODRESS .			[
					3.4. CIT					ļ	
CITY-ST-ZIP TITLE	<u>-</u>			DELETE	4.1 TITL				☐ Change	Addition	
NAME					4. 2 NAM						
STREET ADDRESS							NDDRESS			i .	
CITY-ST-ZIP					4.4 CITY					· [
TITLE				DELETE	5.1 TITL				☐ Change	Addition	
NAME					5.2 NAM	1E					
STREET ADDRESS					5.3 STRI	EET A	NDDRESS				
CITY-ST-ZIP					5.4 CITY	'- ST-	-ZIP				
TITLE	·			DELETE	6.1 TITL	_			Change	Addition	
NAME					6.2 NAM	¶E.					
STREET ADDRESS					6.3 STRI	EET A	ADDRESS			. 1	
000V 67 710					6400	ст	710			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.