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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 517197

1. Corporation Name

1998

(0)

ONE MANE PLACE OF ST. PETERSBURG, INC.

FILED	
May 11 1998 8:00am	1
Secretary of State	

Principal Place of Business Mailing Address					i indidi dirat algit 18841 ilain jarit 1881 Aidi.	ı Bibit Bibit Bibit Bibit Elbit tabi		
6798 CROSSWINDS DR. 6798 CROSSWINDS DR.								
SUITE 8-101 SUITE B-101 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710			710		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
US		US	The state of the s		3. Date Incorporated or Qualified	3. Date Incorporated or Qualified		
	_				10/25/1976			
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			<u>59-1694435</u>	Not Applicable		
Sulte, Apt.	#, 9 IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22 City & Stat	· ·	City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the			
24	25	29	30		Personal Property Tax due June 30.	Yes No		
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent		
	OSCO, ELSA		81	Name				
	98 CROSSWINDS DR.		82	Street	Address (P.O. Box Number is Not Acceptable)			
	ITE B-101		83	}		· · · · · · · · · · · · · · · · · · ·		
ST	. PETERSBURG FL 33710		63					
			84	City		85 Zip Code		
11 Pursuant	to the provisions of Sections 607.0	1502 and 607 1508 Florida Statute	es the above	e-named	corporation submits this statement for the purpo	se of changing its registered		
office or r	registered agent or both, in the Sta	ate of Florida. Such change was a	authorized b	y the corp	poration's board of directors. I hereby accept the	appointment as registered		
•	ım familiar with, and accept the ob	rgalions of, Section 607.0505, Fig.	maa Statute	S.				
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NOTE	E Registered Ag	ent signature	required when reinstating) DA	ATE		
12.	OF LICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition		
NAME	MOSCO, ELSA		1.2 NAME					
STREET ADDRESS	6798 CROSSWINDS DR., S	TE. B-101	1.3 STREET	T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL VS	□ DELETE	1.4 CITY-5	ST-ZIP		Ohanna Addition		
TITLE	MOSCO, JONATHAN	L DELETE	2.1 TITLE			Change Addition		
NAME Street address	366 S TESSIER DR.		2.2 NAME	I ADDRESS				
CITY-ST-ZiP	ST. PETE BCH. FL		2.3 STREE			_		
TITLE	10	DELETE	3.1 TITLE	31-211		☐ Change ☐ Addition		
NAME	MOSCO, ROBERT		3 2 NAME		ELSA MOSCO	- v -		
STREET ADDRESS	366 S TESSIER DR.		3 3 STREET	ADDRESS	6798 CEOSSWINDS	DK' 218' P.101		
CITY-ST-ZIP	ST. PETE BCH. FL		3 4. CITY-	ST-ZIP	ELSA MOSCO 6798 CROSSWINDS 1 ST. PETERSBURG, FL.	33710		
TITLE		☐ DELE T E	41 TITLE			☐ Change ☐ Addition		
NAME			4 2 NAME	:				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		The see	4.4 CITY - S	ST-ZIP				
TITLE		L_ DELETE	5.1 TITLE			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-\$1-ZIP		DELETE	5.4 CITY - 5 6.1 TITLE	51-ZIP		Change Addition		
NAME			6.2 NAME	ļ				
STREET ADORESS			1	I ADDRESS				
CITY-ST-ZIP			6.4 CITY - S					
14 hereby o	certify that the information supplied	with this filing does not qualify fo	or the exemn	tion state	ed in Section 119.07(3)(i), Florida Statutes, I furth	er certify that the information		
officer or Block 12	director of the corporation or the re or Block 13 if changed, or arran at	eceiver or trustee empowe red to e	execute this	at my sig report as	gnature shall have the same legal effect as if made required by Chapter 607. Florida Statutes; and t	that my name appears in		
SIGNAT	TIRE COM	HOW I'VI UTTO	7		ナノンサノガ と	/5.595.0665		