## 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

**FILED** Feb 19 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT	# 520	025	(8)						
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011116			ii Oraceo,					E PROBAN BRIND HORS BONN DONO HORAL BINN DIBN BROWN BROWN BLAN BIRN BIRN BROWN		
Principal Place of Business				Mailing Address				1 (A DIRE DIVIE CLOIN GANG CAND CAND CAND CAND DIRECTOR CONT. CONT. CONT.	1001	
6038 EAST BROADWAY AVE				BOX 79282						
TAMPA FL 33619 US				TAMPA FL 33619-0262 US				DO NOT WRITE IN THIS SPACE		
				••				3. Date Incorporated or Qualified		
								12/10/1976		
2. Principal	Place of Busi	ness	21	2a. Mailing Address				4. FEI Number Applied		
				Suite, Apt. #, etc.			<del></del>		plicable	
Suite, Apt. #, etc.				27				5. Certificate of Status Desired   \$8.75 Additt Fee Regulre		
City & State				City & State				6. Election Campaign Financing \$5.00 May		
_ `				18				Trust Fund Contribution  Added to Fer		
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangit	ole	
24				9 30				Personal Property Tax due June 30. Yes No		
	g, Name	and Address of	Current Regi	Istered Agent	81	T		10. Name and Address of New Registered Agent		
LEWIS, DON						Name	,			
6202 E. BROADWAY					82	Stree	Street Address (P.O. Box Number is Not Acceptable)			
6038 E BROADWAY AVE.					83	ļ				
TAMPA FL 33819										
						City		FL 85 Zip Code	ľ	
11. Pursuant office or	to the provis	ions of Sections 6	07.0502 and State of Flor	607.1508, Florida Staturida Such change was	tes, the abov	e-name	d corpo	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as regis	istered tered	
agent. I a	am familiar w	th, and accept the	obligations	of, Section 607. <b>0505</b> , FI	orida Statute	s.	,	,		
SIGNATURE	Signature hyper	or printed name of roots	lered agent and till	(NA) (NA)	IF: Registered An	not signatu	ra ramijeor	red when reinstating) DATE	— i	
12.							e raquilec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	SPT			DELETE	1.1 TITLE	•	13		Addition	
NAME	LEWIS, DON			1.2 NAM			ع ا	ewis, Carole.	· [:	
STREET ADDRESS	12002 2 10 1 0 11 120 1				1.3 STREE	r address	<u>  \a</u>	2802 Easy Street		
CITY-ST-ZIP	TAMPA	FL			1.4 CITY-1	ST-Z#P	Ta	ampa, FL 38625	;	
TITLE	NO	ַ <u>ס</u>		☐ DELETE	2.1 TITLE		<u></u>		Addition (	
NAME	RATHBONE, GALE L.			2.2 NAN						
STREET ADDRESS	ss 1603 LAKEWOOD DR. BRANDON FL			2.3 STREET A					-	
CITY-ST-ZIP TITLE	BHANU	JN FL		DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	10		Addition	
NAME				C Deceit	3.2 NAME			_ Criange		
STREET ADDRESS					3.3 STREET	AUDSEGG			İ	
CITY-ST-ZIP					3.4. CITY-					
TITLE	<del> </del>	<del>-</del>		DELETE	4.1 TITLE	211	1	☐ Change ☐	Addition	
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADORESS				
CłTY-ST-ZIP					4.4 C(TY-!	ST-ZIP				
TITLE				☐ DELETE	5.1 TITLE			☐ Change ☐	Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET					
CITY-ST-ZIP	-			DELETE	5.4 CITY - S	T-ZIP		[ Ch	Addition	
TITLE				DELETE	6.1 TITLE			Change	MOUNDON	
NAME OTDEET ADODECC					6.2 NAME	ADDRESS			-	
STREET ADDRESS					6.3 STREET		1			
CITY-ST-ZIP	certify that th	e information suor	olied with this	filing does not qualify for	6.4 CITY-5 or the exemp		ed in S	Section 119.07(3)(i), Florida Statutes, I further certify that the information	mation	

The boy commence in a mormation supplied with this ming does not quarry for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Turther certify that find indicated on this annual report or supplemental acquiral export 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 proportation 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, prop an attachment with an address.

211-198 (813)920-4130