## 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

**FILED** Mar 18 1998 8:00am Secretary of State

	IN LAWLESS AND SINGER	\ _ /			
Principal Place of Business  46 NORTH WASHINGTON BLVD. SUITE 21 SARASOTA FL 34236 LIS		Mailing Address  46 NORTH WASHINGTON BLVD. SUITE 21 SARASOTA FL 34236 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
w		00		07/01/1977	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	*	Suite, Apt. #, etc.	······································	59-1746807	Not Applicable
22 Suite, Apr.	#, etc.	27 Suite, Apr. #, 810.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the	current year Intangible
24]	9. Name and Address of Curre	29   ant Registered Agent	[30]	Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	
TA	YLOR, RICHARD J.		81 Name		
46	NORTH WASHINGTON BLVD. RASOTA FL 34236		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpos	e of changing its registered
agent. I s				poration submits this statement for the purposation's board of directors. I hereby accept the a	
	Signature, typed or printed name of registered a		authorized by the corpora orida Statutes.  E Registered Agent eignature requi		E
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOT	E Registered Agent eignature requi	ired when reinstating) DAT	E
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS AI PD TAYLOR, RICHARD J.	gent and title if applicable. (NOT ND DIRECTORS	E Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DAT	E AND DIRECTORS IN 12
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t is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address