## 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 #

Principal Place of Business

542140

(9)

CLARE W. ELLIOTT D.O., P.A.

Mailing Address

**FILED** Jan 20 1998 8:00am Secretary of State



LARGO FL 84644-1035				LARGO FL 34844-1035				DO NOT WRITE IN THIS S	PACE	
								3. Date Incorporated or Qualified		
								07/27/1977		
2.	Principal Place of Business			2s. Mailing Address			-	4. FEI Number	Applied For	
21				26				59-1771050	Not Applicable	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
23	City & State			City & State				6. Election Campaign Financing  1 rust Fund Contribution	\$5.00 May Be Added to Fees	
	<sup>Zip</sup> 33774	. L ' . L			untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
2039 INDIAN ROCKS RD LARGO, FL					81	Name				
					82	Street Address (P.O. Box Number is Not Acceptable)				
					83					
						84	City	FL	85 Zip Code	
11	Pursuant to the provis	sions of Sections 607.0502	and I	607.1508, Florida State	ules, the a	bove	-named corpo	pration submits this statement for the purpose of	changing its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE PSD 1.1 TITLE Addition NAME ELLIOTT, CLARE W. 12 NAME 2039 INDIAN ROCKS ROAD 1.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE Change Addition TITLE 2.1 TITLE ELLIOTT, CLARE W. NAME 22 NAME 2039 INDIAN ROCKS ROAD STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFIE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - \$1 - ZIP DELETE Change Addition TITLE 6.1 T(7LE 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filting 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 of 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.

Clase W FOO set

1.9.98 (813) 584-7616