## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556250

(9)

PM TAMPA BAY, INC.

FILED										
Mar	05	1998	8:00am							
Sec	cret	tary of	f State							

Principal Plac	e of Busines	s	Mailing	Address			T 103101 01104 01110 01110 13001 61111 0011 61014 0104 0101	A MINN NINI CINI INDI
11300 FOUR SUITE 114 ST. PETERSE US	th St., n. Burg fl 3371	6	SUITE	Fourth St., N. 114 Tersburg FL 33	716		DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified  01/01/1978	.CE
2. Principal F	Place of Busin	ness	2a. Mail	ing Address			4. FEI Number	Applied For
21			26				59-1780423	Not Applicable
Suite, Apt.	#, etc.			e, Apt. #, etc.				8.75 Additional
22			27				5. Certificate of Status Desired	Fee Required
City & Sta	te		City	& State			6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip		Country	Zip		Country		8. This corporation owes or has paid the current	
24		25	29		30		Personal Property Tax due June 30.	
		and Address of Cu	rrent Registered	Agent	81		10. Name and Address of New Registered Age	nt
	LLMAR, RIC				81	Name		
8122 - 15TH WAY, N.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
ST	. PETERSBI	JRG FL 33702			83			
					63			
					84	City	<b>-</b> 1   8	5 Zip Code
44 Durayant	to the provin	ions of Contions 607	0502 and 607 15	OP Elorida Statut	or the about	named soft	poration submits this statement for the purpose of cha	anging its registered
office or r	registered ag	ent, or both, in the S	tate of Florida. Su	ich change was a	authorized by	the corpora	ation's board of directors. I hereby accept the appoint	ment as registered
agent. I a	ım tamiliar wi	th, and accept the o	bligations of, Sec	tion 607.0505, Fid	orida Statutes	i.,		
SIGNATURE	Signature typed	or printed name of registere	d agent and tile if annie	able (NOT	F: Registered Age	nt signature regul	ired when reinstating) DATE	
12.	Oignature, typico		AND DIRECTOR		13.	nt eignature requi	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PTD			DELETE	1.1 TITLE			Change Addition
NAME	WILLMA	R, RICHARD A.			1.2 NAME			
STREET ADORESS	8122 - 1	5TH WAY, N.			1.3 STAEET	address		
CITY-ST-ZIP	ST. PET	ERSBURG FL			1.4 CITY-S	i - ZIP		
TITLE				DELETE	2.1 TITLE			Change Addition
NAME					2.2 NAME	}		
STREET ADDRESS					2.3 STREET	ADDRESS		
CITY-ST-ZIP					2. 4 CITY - S	T-ZIP		
TITLE				☐ DELETE	3.1 TITLE		U	Change
NAME					3.2 NAME			
STREET ADDRESS	1				3.3 STREET	ADDRESS		
CITY-ST-ZIP				T ocused	3.4. CITY-S	T-ZIP		O. T. LARRI
TITLE				LJ DELETE	4.1 TITLE	İ	Ц	Change
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET			
CITY - ST - ZIP	·			Delete	4.4 C(TY-S)	-ZiP		Ohanas Addition
TITLE				☐ DELET <b>E</b>	5.1 TITLE	}	L	Change
NAME					5.2 NAME	*******		
STREET ADDRESS					5.3 STREET			
CITY-ST-ZIP		<del></del>		DELETE	5.4 CITY - ST	- ZIP		Change Addition
TITLE				T DEFEIE	6.1 TITLE		U	orwards TT Waarran
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREET	ADORESS		

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 chapter 400 per page 14 per page 15 per page 15 per page 16 per page 16 per page 16 per page 17 per page 17 per page 17 per page 18 per pag