## 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 # 582

582083

(2)

## FILED Apr 14 1998 8:00am Secretary of State

EAPCO		•			
Principal Place	e of Business	Mailing Address			
3700 CENTRAL AVENUE ST. PETERSBURG FL 33711		3700 CENTRAL AVENUE ST. PETERSBURG FL 33711		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal Pl	lace of Business	2a. Mailing Address		<b>08/14/1978 4.</b> FEI Number	Applied For
21	aco or business	26 Za. Walling Made 233		59-1840864	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		F-1	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	В	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 o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	g. Name and Address of Curre	nt Hegisterea Agent	81 Name	10. Name and Address of New Registere	o Agent
PEUALINU, EMIL A., JR.			OI IVanie		
	O CENTRAL AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
\$1.	PETERSBURG FL 33711		83		
			84 City	F	85 Zip Code
44 Purcuant f	to the provisions of Sections 607 06	02 and 607 1508. Florida Statu	tes the above-named cor	poration submits this statement for the nurnose	of changing its registered
office or re	egistered agent, or both, in the State	e of Florida Such change was	authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
	m tamiliar with, and accept the oblig	gations of, Section 607.0505, F	ionoa Statutes.		
SIGNATURE	Signature, typed or printed nation of registered ac	vent and title if problemble INO	Thi Registered Agent signature requ	lired where reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	PEDALINO, EMIL A., JR.		1.2 NAME		
STREET ADDRESS	2073 ARMONK DR.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	CLEARWATER FL		1,4 CITY - ST - ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	PEDALINO, JOYCE		2.2 NAME		
STREET ADDRESS	2073 ARMONK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T priete	3.4. CITY - ST - 7IP		Change Addition
TITLE		☐ DEFFERE	4.1 TO LE		L Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			5.2 NAME		Change recoton
NAME OTDEST ADDDESS			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		= · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			6.3 STREET ADDRESS		ļ
			6.4 CITY - ST - ZIP		
CITY-ST-ZIP	portion that the information surprised a	with this filing does not qualify:		n Section 119.07(3)(i). Florida Statutes, I further	certify that the information

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee exprowered 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 oddress.

Weller 813 823-97