## 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

1998

DOCUMENT #

101

1. Corporatio		BOARDS OF VEN	` '		4 144 141 141 141 141 141 141 141 141 1	14 <b>8 18 14 8 18 14 8 18 14 4 18 1</b>
Principal Plac	e of Busines	s	Mailing Address		1 100104 04140 10401 04410 01114 00141 0014 01011 01T1	II BIQIF BIBII DIBII DIBII IDDI
158 JAMES ST			158 JAMES ST		i	
VENICE FL 34292			VENICE FL 34292		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	- GI FIGE
					11/29/1978	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1858602	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State	· · · · · · · · · · · · · · · · · · ·	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 cu	ırrent year İntangible
24		25	29	30		Yes No
			rent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	AITH, PAUL					
940 LEMON BAY DR VENICE FL 34293				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TL	14106 16 01	1200		83		
				84 City		85 Zip Code
					<u>Fl</u>	•
11. Pursuant office or r agent. I a	to the provis registered ag im familiar wi	ions of Sections 607.0 jent, or both, in the Sta th, and accept the obt	502 and 607.1508, Florida Statut ale of Florida. Such change was a ligations of, Section 607.0505, Fl	es, the above-named corp authorized by the corpora orida Statules.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its registered pointment as registered
ŀ						
SIGNATURE	Sloneture turned	or probled home of registered	angel and title if anoticeble (NOT	f : Registered Agent signature regul	wed when rainstation) DATE	<del></del>
SIGNATURE	Signature, typed	or printed harve of registered of OFFICERS A	agent and little if applicable. (NOT	E: Registered Agent signature requi	red when reinstating) DATE ADD/TIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
	Signature, typed					D DIRECTORS IN 12 Change Addition
12.	PD SMITH,	OFFICERS A	AND DIRECTORS	13.		
12.	PD SMITH, 940 LEM	OFFICERS A PAUL R ION BAY DR	AND DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, 940 LEN VENICE,	OFFICERS A	AND DIRECTORS  DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SMITH, 940 LEN VENICE, V	OFFICERS A PAUL R AION BAY DR FL 00000	AND DIRECTORS	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SMITH, 940 LEN VENICE, V SMITH,	OFFICERS A PAUL R AION BAY DR FL 00000 SUSANNE	AND DIRECTORS  DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	AND DIRECTORS  DELETE	13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SMITH, 940 LEN VENICE, V SMITH,	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	AND DIRECTORS  DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	ND DIRECTORS  DELETE  DELETE	13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition
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TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME		Change Addition  Change Addition  Change Addition
T12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS		Change Addition  Change Addition  Change Addition
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T12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME		Change Addition  Change Addition  Change Addition  Change Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition  Change Addition  Change Addition  Change Addition
T12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, 940 LEA VENICE, V SMITH, 940 LEA	OFFICERS A PAUL R MON BAY DR , FL 00000 SUSANNE MON BAY DRIVE	DELETE  DELETE  DELETE  DELETE	13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIYLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TIYLE 5.5 NAME 5.6 STREET ADDRESS 5.6 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition  Change Addition

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 changed, or on an attachment with an address

Smith 1-8-98 QUI-494-1027D

**FILED** 

Jan 15 1998 8:00am

Secretary of State