## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
	MENT # 629 A RESOURCE DEVELO		(9)		1 MAÑA DANA NOR 1818 ANA ANA ANA ANA ANA ANA	U ALAU BYAH BYAH AARK BYAH YACI
Principal Place	a of Business	Mailing	Address			( Bigil Olbik bibik bibik bibik bibil ibbi
558 8 PINEAL SARASOTA F US	PPEL	46 N. 1	Mailing Address  46 N. WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236 US		DO NOT WRITE IN T  3. Date Incorporated or Qualified  07/10/1979	'HIS SPACE
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26			59-2968687	Not Applicable
Suite, Apt.	₩, ΘIC.	<b>⊢</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional Fee Required
City & State	θ		& State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Country 30	his corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	g. Name and Address of	Current Registered	Agent	81 Name	10. Name and Address of New Registe	red Agent
11. Pursuant office or reagent. I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.15 State of Florida. St obligations of, Sec	08, Florida Statu ich change was ion 607.05 <b>05</b> , Fl	es, the above-named co authorized by the corpor orida Statutes.	prporation submits this statement for the purporation's board of directors. I hereby accept the	FL 85 Zip Code use of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of regis	ered agent and title if appl-	able (NO	TE: Registered Agent signature req	uired when reinstating) DA	ATE .
12.	OFFICE	RS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CARLSON, JEFFREY P. 556 S. PINEAPPLE AVE SARASOTA FL		□ DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Additio
TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Additio
CITY-ST-ZIP FITLE NAME STREET ADDRESS			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Additio

6.4 CiTY-ST-ZIP 14. 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 or an attachment within address.

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

TITLE

NAME

STREET ADDRESS

DELETE

(941)955-8363

**FILED** 

Apr 01 1998 8:00am

☐ Addition