## 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 # 1. Corporation Name

(8)

**FILED** 

May 07 1998 8:00am

Secretary of State

IOFFE	n IOWN OF GLEARWATER	i, 1140			
Principal Place	e of Business	Mailing Address			Mit Ardal Aldii Eldia danti iddi
14000 US 19 NORTH 14000 US 19 N CLEARWATER EL 34624 CLEARWATER E					2 20405
US '		US		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 07/30/1979	
9 Princinal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1960598	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<del></del>		28	Country	Trust Fund Contribution	Added to Fees
24 <sup>23</sup> 3 3	764 25 COOMINY	29 33764 30	m '	8. This corporation owes or has paid the of Personal Property Tax due June 30.	Ves No
27	9. Name and Address of Curren	nt Registered Agent	, <u> </u>	10. Name and Address of New Registere	<i></i>
RO	SSEWEY, JAMES F		81 Name		
	15 BELLEAIR RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
20	<b>Earn</b> vater, FL				
/ 34	<b>824</b> )		83		
			84 City	F	L 85 Zip Code 33764
11. Pursuant	to the provisions of Sections 607.050	32-end 607 1508. Florida Statutes.	the above-named cord	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was autions of Section 607 0505. Floring	horized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the al	pointment as registered
1		- Karana and a second	PRS.	25	29-94
SIGNATURE	Signature/typed or Control of Control and	ent and otte if applicable (NOTE, R	legistered Agent signature recjuir	ad when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD /	☐ DELE <b>T</b> E	1.1 TITLE		Change L. Addition
NAME	ROSSEWEY, JAMES F 2115 BELLEAIR RD		1.2 NAME		
STREET ADDRESS	CLEARWATER, FL 00000		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VS	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	ROSSEWEY, PATRICIA A		2.2 NAME		
STREET ADDRESS	2115 BELLEAIR RD		2.3 STREET ADDRESS		
CITY+ST-Z#P	CLEARWATER, FL 00000		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		<b>—</b>	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	. 1		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·

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 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 cociety or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing or on an attachment with in address.