P CORI ANNU	NOW: FILING FEI PROFIT PORATION AL REPORT 1998	Sandra E Secreta	S \$550.00 RTMENT OF STATE 3. Mortham Iny of State CORPORATIONS	Apr 09 1	LED 998 8:00am ry of State
	MANAGEMENT CORPO	DRATION			
9520 EXECUTIVE CENTER DR 9620 E STE 105 STE 10		Mailing Address 9820 EXECUTIVE CENTE STE 105 ST PETERSBURG FL 333 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/17/1979	
2. Principal Pla 19600	ace of Business Koger Blvd.,	26. Mailing Address 26. 9600 Koge	er Blyd.	4. FEI Number	Applied For Not Applicable
Suite, Apt. #		Suite, Ap1. #, etc.		59-1943002 5. Certificate of Status Desired	\$8.75 Additional
2 Suite City & State		27 Suite 20: City & State	2		Fee Required
- ·			rsburg, FL	 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
Zip 33702			Country 30 Pinellas	8. This corporation owes or has pa Personal Property Tax due June	30. Yes No
WAG	9, Name and Address of Cu RREN JEFFREY W	irrent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	S FRANKLUN STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
	IPA, FL		63	· · · · · · · · · · · · · · · · · · ·	
3360	02				
			B4 City		FL 85 Zip Code
office or re agent. I an SIGNATURE	gistered agent, or both, in the S n familiar with, and accept the o Signature, typed or printed name of registure	State of Florida Such charge was bligations of, Section 607.0505, Fl	authorized by the corporat orida Statutes. It: Registered Agent signature require	oration submits this statement for the p ion's board of directors. I hereby acce	pt the appointment as registered
12.			13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	P VOTH, LIND C 10112 LAKE COVE LANE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12
CITY-ST-ZIP	TAMPA FL S	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS	ROSEN, SIMON 2175 GLENBROOK CLOS	ε	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP IITLE	PALM HARBOR FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	······································	Change Addition
NAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
XITY - ST - ZIP ITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
iame			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
IAME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
XITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP	ertify that the information supplie	ed with this filing does not qualify f	64 CITY-ST-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I	further certify that the information
n dicated C	on this annual report or supplem lirector of the corporation or the r Block 13 if changed, or on an	receiver or trustee empowered to	execute this report as req	re shall have the same legal effect as i uired by Chapter 607, Florida Statutes;	and that my name appears in