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

**CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(9)

## **FILED** Mar 18 1998 8:00am Secretary of State

Principal Place of Business 2395 TAMIAMI TRAIL UNIT #3 PORT CHARLOTTE FL 33952 US	Mailing Address 1890 S TRAIL SUITE D VENICE FL 34283		DO NOT WRITE IN THI:  3. Date Incorporated or Qualified	
			11/29/1979	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	28 2395 Tamia	mi Trail	59-1954340	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28 Port Charlot	セ.FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25		10 Charlotte	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curren	t Registered Agent	nel 11	10. Name and Address of New Registere	d Agent
RICHARD R. CONRAD		81 Name		
2395 TAMIAMI TRAIL		82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
UNIT #3		83		
PORT CHARLOTTE FL 33952		63		
		64 City	F	85 Zip Code
	ations of, Section 607,0505, Flori	da Statutes. R. R. Conra Registorad Agent signature requ	D. PRESIDENT 3-1 red when reinstating)  DATE	1-98
12. OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PD NAME CONRAD, RICHARD R	☐ DELETE	1.1 TIFLE	NRAD, RICHARD R.	Change Addition
JANA O TILILIAN TRAN		1.2 NAME CE	95 TAMIAMI TRAIL, #3	
VENUE EL ANAM			ORT CHARLOTTE, FL 339E	in
CITY-ST-ZIP YENNUE, FL UUUUU	DELETE	1.4 CITY-ST-ZIP PC 2.1 TITLE	IKI CHAKEOTTE, FL 3376	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		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		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
HAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	T priett	4.4 CITY-ST-ZIP		Chance 1 Address
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME CONSECT ADDRESS		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 C(TY-ST-Z)P 6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-SI-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied windicated on this annual report or supplementa	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

officer or director of the corporation or the receiver or frustee 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.