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

PROFIT CORPORATION **ANNUAL REPORT**

1998

THE CASE OF STREET

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690624

(2)

| = | ACK & SON, INC. | (-) | | | | | |
|---|--|--------------------------------|--|--|---|----------------------------|------------------------------|
| Principal Plac | e of Business | Mailing Address | | | - J DODANE BYNG DÂRNÎ DANYA DIŞIR YERIH ANDI QUDIN A | KEN BIEN GIBN BIDN | Elaki jari |
| 1817 ERNEST RD. CLEARWATER FL 34694 CLEARWATER FL 34624 | | | | .DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified 06/17/1981 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | T Ap | plied For | |
| 1 26 | | 26 | | | 59-2095226 | No | t Applicable |
| | | Suite, Apt. #, etc. | | 5, Certificate of Status Desired | \$8.75 A Fee Re | | |
| City & State | | City & State | | 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Cour | itry | a, This corporation owes or has paid the | | |
| 332 | 6 4 [25] g. Name and Address of Current | 29 33764 Paristrant Appril | 30 | | Personal Property Tax due June 30. | | J No |
| | | negistered Agent | | B1 Name | 10. Name and Address of New Register | PU AGBOT | |
| | LABACK, LORAIN B. | | | | | | |
| 1817 ERNEST RD. Clearwater Fl 34824 33744 | | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| OLLARIALETTE GIGET 3 37 4 7 | | | | 83 | | | |
| | | | | B4 City | F | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607,0502 | and 607.1508, Florida Statut | es, the ab | ove-named corp | oration submits this statement for the purpos on's board of directors. I hereby accept the a | e of changing its | s registered |
| agent. I a | registered agent, or both, in the State t im familiar with, and accept the obliga | tions of, Section 607.0505, FI | aumorizeo orida Statu | by the corporati ites. | on's board of directors. I hereby accept the a | appointment as | registered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agen OFFICERS AND | | | Agent signature require | | | 0.00.40 |
| TITLE | | DINECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTOR | |
| | CTD | DELETE | 1170 | F | | | |
| | STD ZALARACK LORAIN | ☐ DELETE | 1.1 T(T) 1.2 NAI | | | ☐ Change | Addition |
| HAME | ZALABACK, LORAIN | DELETE | 1.2 NAI | AE | | | |
| NAME Street address | ZALABACK, LORAIN 1817 ERNEST ROAD | ☐ DELETE | 1.2 NAI 1.3 STF | AE EET ADORESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | ZALABACK, LORAIN | ☐ DELETE | 1.2 NAI 1.3 STF | AE EET ADORESS Y-ST-ZIP | | | |
| HAME | ZALABACK, LORAIN 1817 ERNEST ROAD CLEARWATER FL PD | | 1.2 NAI 1.3 STF 1.4 CIT | ME EET ADORESS Y-ST-ZIP E | | ☐ Change | Addition |
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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.

SIGNATURE:

SIGNATUR

FILED

Apr 10 1998 8:00am

Secretary of State