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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

1. Corporatio	MENT # F220 NAMED THANSPORT	<b>\</b> /			II DJUJI DIDIJ DIDIJ BIDIJ FODI
Deinainal Dias	1 D i	Edulfin A Julius			
Principal Place of Business		Mailing Address			
5201 GULF BLVD. ST PETERSBURG FL 33706		5201 GULF BLVD. ST PETERSBURG FL 33:	206	1	
31 FEIENSOI	UNO FE 93700	OF PETENODUNG FE 90	700	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				03/05/1981	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2076123	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	<del></del>
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes X No
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
VAI	ll <b>ee</b> , jerry e.		81 Name		
7070 N 04 AVE			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
STE 300					<b></b>
ST. PETERSBURG FL 33710			83		
			84 City		85 Zip Code
				<u>FL</u>	<u>-                                     </u>
office or r agent. La	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the of	idate of Florida, Such change was filigations of, Section 607,0505, Fl	ites, the above-hamed corp authorized by the corpora lorida Statutes.	poration submils this statement for the purpose oution's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typod or printed name of registeres	d agent aud tille it applicable (NO)	TE: Registered Agent signature requ	ired whon reinstating) DATE	
12.		AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	V\$D	L_] DELETE	1.1 TITLE		Change Addition
NAME	VALLEE, CAROL		1.2 NAME		
STREET ADDRESS	7970 24 AVE NO.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL		1.4 CITY - ST - ZIP		
TITLE	PDT	DELETE	2.1 TITLE		Change Addition
NAME	VALLEE, JERRY		2.2 NAME		
STREET ADDRESS	7970 24 AVE NO.		2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	ST PETE FL	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		בן נינונונ	3.1 TITLE 3.2 NAME		LI CHARGE LI Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 117LE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - ZiP		
TITLE	The state of the s	☐ DELET <b>E</b>	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - St - ZiP		
TITLÉ		☐ DELETE	6.1 THEF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CHY-ST-7IP		

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 toport or supplier intellar 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 conoration or the register or purple empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an artachment with an address.

\_\_\_\_\_

3/16/98

18131-367-3096

**FILED** 

Apr 14 1998 8:00am

Secretary of State