## 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 #

(4)

Principal Place of Business Mailing Address  C/O JEAN M. CAMINITI 7713 W. HILLSBOROUGH AVENUE 7713 W. HILLSBOROUGH AVENUE					<u> </u>	DO NOT WRITE IN THIS SPACE			
TAMPA FL 33	615	TAMPA FL 33615	TAMPA FL 39615			3. Date Incorporated or Qualified			
						12/07/1981			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26			59-2144024	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired			Additional	
22		27							equired
City & State	8	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country		Zip Country			Trust Fund Contribution   8. This corporation owes or has paid the c			
24	25	29	30			Personal Property Tax due June 30.	Yes		] No
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
CAI	MINITI (JEAN M.)		٤	31	Name				
7713 W. HILLSBOROUGH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
TAN	MPA FL 33615			$\bot$					
				33					
			1	34	City	F	85	Zip (	Code
office or r agent. I a SIGNATURE	egistered agont, or both in the Stat m familiar with, and accept the obli- stignature typod or printed name of registered a					oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointme	ent as	registered
12.				13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOF	RS IN 12
THILE	PD	DELETE	1.1 TITL	1.1 TITLE			☐ Ct	nange	Addition
NAME	CAMINITI, JEAN M		1.2 NAN	AE					
STREET ADDRESS	7713 W HILLSBOROUGH		1.3 STR	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL O	DELETE	1.4 CITY		- ZIP				Addition
TITLE		C' DETER	2.1 TITL				∐ Cł	នោជូខ	T Mandadata
NAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY-ST-ZIP						
TITLE		☐ DELETE		3.1 TITLE			☐ CH	nange	Addition
NAME			3.2 NAM	3.2 NAME					
STREET ADORESS			3.3 STRI	EET A	DDRESS				
CITY-ST-ZIP			3.4. CIT	3.4. CITY+ST-ZIP					
TITLE			4.1 TiTL	4.1 TITLE			Cr	nan ge	Addition
NAME			4. 2 NA						
STREET ADDRESS					ODRESS				
CITY - ST - ZIP				4.4 CITY - ST - ZIP 5.1 TITLE			☐ Cł	2000	Addition
TITLE			5.2 NAM					ra Mc	- Adortion
NAME STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CITY		1				
TITLE		DELETE	6.1 TITL		Lif		☐ Cr	nange	Addition
NAME		<del>-</del>	6.2 NAN				•		
STREET ADDRESS					DDAESS				
CITY-ST-ZIP			64000		1				

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 suppliermental 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.

4-20.98

813-884-0546

**FILED** 

Apr 28 1998 8:00am

Secretary of State