## 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 # F63520 (3)

**AZIMUTH CORPORATION** 

Principal Place of Business Mailing Address					
13325 US HWY 10 N. CLEARWATER FL 33764-7525 US		13325 US HWY 19 N. CLEARWATER FL 33764-7225 US			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified     O1/12/1982
2. Principal Pl	lace of Business	2a. Mailing Address		• • • • • • • • • • • • • • • • • • • •	4, FEI Number Applied For
26					<b>59-2229975</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired     Section
27					
<del></del>		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<del></del>		Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	11 Registered Agent		<u></u>	10. Name and Address of New Registered Agent
	ANTON, GEORGE D.		Ĺ	Name	
13325 US HWY 19 N. CLEARWATER FL 33764			1	Street A	Address (P.O. Box Number is Not Acceptable)
			Ī	13	
			ŧ	14 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp.  office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					corporation submits this statement for the purpose of changing its registered
SIGNATURE					
	Signature, typed or printed name of registered age			Agent signature	a required when reinslating) DATE
12,		D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ABUROU AFABAR D		1.1 TITE		Li Change Li Addition
NAME	40000 110 1818/ 40 11		1.2 NAW		
STREET ADDRESS	O FARMATER EL			EET ADDRESS	
CITY-ST-ZIP TITLE			2.1 TITU	-ST-ZIP	Change Addition
NAME	WALL DADOVA		2.2 NAM		C Villings C Villings
STREET ADDRESS	4000 110 1000 10 h		ľ	EET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-ST-ZIP		
TITLE	DELETE		3.1 TITL		Change Addition
NAME			3.2 NAM	l	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				(-ST-ZIP	
TITLE		☐ DELETE	4.1 TiTL	<del></del>	☐ Change ☐ Addition
NAME			4. 2 NAM	AE	
STREET ADDRESS			4.3 STR	ET ADDRESS	
CITY-ST-ZIP			4.4 City	-ST-ZIP	
TITLE			5.1 TITL		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STR	E1 ADDRESS	
CITY-ST-2IP				- ST- ZIP	
TITLE		DELETE	6.1 T(TL)		☐ Change ☐ Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STR	ET ADDRESS	

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.

6.4 CITY - ST - ZIP

**FILED** 

Jan 29 1998 8:00am

Secretary of State