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

DOCUMENT # F67302

(2)

		STERING, INCORPO				
Principal Plac	ce of Busines	SS	Mailing Address			
6901 49 AVE N 6901 49 AVE N ST. PETERSBURG FL 33709 ST. PETERSBURG FL 3370			33709	DO NOT WRITE	E IN THIS SPACE	
					 Date Incorporated or Qualified 03/01/1982 	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For
21			26		59-2183589	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24		Country 25	Zip 29	Country 30	This corporation owes or has personal Property Tax due June	e 30. Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
	HULER, ED			81 Name	Schuler, Gary Ed	mund
6901 - 49TH AVENUE NORTH ST. PETERSBURG FL 33709					dress (P.O. Box Number is Not Accepta	ible)
				83		
				84 City	st. Petersburg	FL 85 Zip Code 33709
11. Pursuant office or r	to the provis	sions of Sections 607.0502 gent, or both, in the State	2 and 607.1508, Florida Sta of Florida. Such change wa		و منافر منافر في منا كر في في ا لماكر منافر منافر من المنافر و المنافر من المنافر المنافر المنافر المنافر المنافر	purpose of changing its registered
ayent. ra	am tarrillar w	ith, and accept the obliga	ations of Seption 807.0505,		reportation submits this statement for the parties accer	4/0/00
SIGNATURE	Dan		Scheler		und Schuker	4/9/98 DATE
SIGNATURE	Signature, type	n Edward	or and title if applicable (N	Gary Edmi. NOTE: Registered Agent signature req 13.	und Schuker	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, type	or printed name of registered ages	or and title if applicable (h	Gary Edmi. NOTE: Registered Agent signature red 13. 1.1 TITLE	und Schukr Jured when reinstating)	79/98 DATE
SIGNATURE 12. IIILE NAME	Signature, type PD SCHULE	or priviled name of reports rud eyes OFFICERS AND ER, EDMUND	or and title if applicable (N	Gary Edm: NOTE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME	und Schukr Jured when reinstating)	DATE CERS AND DIRECTORS IN 12
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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 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

· Colmund

Scholer

Gary Edmund Schuler

4/abr 813.

Apr 15 1998 8:00am

Secretary of State

813-544-482