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 # F81795

(9)

LARSON & BOBENHAUSEN, PROFESSIONAL ASSOCIATION

FILED Jan 28 1998 8:00am Secretary of State



| Principal Place | of Business | Mailing Address | | | | |
|---|---|-------------------------------------|----------------------------------|---|--|--|
| 8500-144TH LANE, N 8500-144TH LANE, N | | | | | | |
| SEMINOLE FL 34846 | | SEMINOLE FL 34646 US | | DO NOT WRITE | DO NOT WRITE IN THIS SPACE | |
| US | | 00 | | 3. Date Incorporated or Qualified | | |
| | | | | 05/18/1982 | | |
| 2, Principal Pl | ace of Bysiness | 2a. Mailing Address | 21 21 | 4. FEI Number | Applied For | |
| 21 5/5/ | and Park Place | 28 5/5/AND 1 | ork Place | 59-2188909 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. # jetc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 Unit 308 | | 27 Unit 308 | | | Fee Required | |
| City & State | | Cuty & State | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 <u>[NINO</u> | Win Fla | 28 JUNESIN | Complex | Trust Fund Contribution | | |
| Žip 24] <i>346 9</i> | a willing | 7/p 3/1/00 | 30 Pinellas | This corporation owes or has p Personal Property Tax due June | | |
| ²⁴ | 9. Name and Address of Current | | 30 1 INELLES | 10. Name and Address of New R | | |
| I AD | <u> </u> | | 81 Name | | | |
| LARSON, ROGER A | | | | (0.0.0.0.1 | LIA | |
| 8500-144TH LANE, N | | | | ress (P.O. Box Number is MytrAccepta | DIE) | |
| SEMINOLE FL 34646 | | | | 1 - 44 | | |
| | | | Unit | 308 | Tool 7- Code | |
| | | | B4 City) | vede. | FL 85 3 4298 | |
| 11. Pursuant te | o the provisions of Sections 607.0502 | and 607 1508, Florida Statute | s, the above-named corp | poration submits this statement for the | purpose of changing its registered | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1505 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | |
| 1/12/94 | | | | | | |
| SIGNATURE | Signature, typod or print d name of registered ager | nt and title if applicable (NOTE | Registered Agent signature requi | red when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFI | | |
| TITLE | OP . | ☐ DELETE | 1,1 TITLE | | Change | |
| NAME | LARSON, ROGER A | | 1.2 NAME | - I-land Park Place | Whit 308 | |
| STREET ADDRESS | 8500 144TH LANE NORTH | | 1.3 STREET ADDRESS | 5 Island Pork Place Junedin, 17/a 31 | 11.00 | |
| CITY-ST-ZIP | SEMINOLE FL | CI priest | 1.4 CITY-ST-ZIP | unedin, Fla 39 | Change Addition | |
| TITLE | | ☐ DELETE | 2.111100 | | ☐ citalds ☐ vocation | |
| NAME | | | : 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | Попп | 2. 4 CITY - ST - ZIP | | Change Addition | |
| TITLE | | DELETE | 3.1 TITLE | | Crist originals CT Manifoli | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition | |
| TITLE | | - Decem | 4. 2 NAME | | | |
| NAME OTDECT ADODESC | | | 4. 2 NAME 4.3 STREET ADDRESS | | | |
| STREET ADDRESS | | | 4.4 CITY-ST-7IP | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | _ : _ | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | - | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | · · · | | 6.4 CITY - ST - ZIP | | | |
| 14. I hereby o | ertify that the information supplied wi | th this filing does not qualify for | the exemption stated in | Section 119.07(3)(i), Florida Statutes. | I further certify that the information | |
| | | | | ire shall have the same largel affect as | a magaz under coth, that I am an | |

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 ar officer or director of the corporation or the disceiver 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. 1/12/90

013-461-1812