## 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 #
1. Corporation Name F95000001326 (6)

ncipal Place of Business	Mailing Address
325 AIRMOTIVE WAY. #220	111A DUNBAR AVE
ENO NV 89502	OLDSMAR FL 34677

## FILED May 13 1998 8:00am Secretary of State

**NEW PATH CAPITAL ONE, INCORPORATED** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/21/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 88-0318523 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **DUNN, CHRISTOPHER** 4857 RIDGEMOOR CT 62 Box Number is Not Acceptable) PALM HARBOR FL 34685 83 learwate ols of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and, 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 in and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provise office or registered SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE DUNN GAR **DUNN. CHRISTOPHER** NAME 1.2 NAME 4857 RIDGEMOOR CT STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-Z# 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE **DUNN, CAROLE** 2.2 NAME **2368 PODOCARPS W**AY 2 3 STREET ADDRESS STREET ADDRESS **OLEARWATER FL 34619** 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 regoiver 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.