## 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

## F95000006007 (7) DOCUMENT #

TIKI OF PINELLAS, INC.

Principal Place of Business

Mailing Address

**FILED** Feb 20 1998 8:00am Secretary of State



SUITE 906	IVENUE NORTH	SUITE 306	1		
CLEARWATER FL 34622		CLEARWATER FL 34622		DO NOT WRITE IN THIS SPACE	
US		us<		3. Date Incorporated or Qualified 12/11/1995	
2. Principal P	lace of Business	2a. Mailing Address	(C)(L)	4. FEI Number	Applied For
21 2676	CLENEAGUES The	1E 26 2676 GLENEI	ACCES PRIKE	61-1232208	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9 0 0	City & State		6. Election Campaign Financing	\$5.00 May Be
	RHATER FL	28 CLEARWAVER		Trust Fund Contribution	Added to Fees
zip 24] "ろ3つ	Country 161 25 PINETURY	29 33761 30	Country 1	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
ELLIOTT-CUNNINGHAM , IAN V				on U. Kluon- Cun	NINCHAM
4701 140111 AZE. HORITI				ss (P.Q. Box Number is Not Acceptable).	`
STE 308				GLENEAGUES DKI	<u> </u>
CLEARWATER FL 34622					
			84 City CC	EARWATER	FL 85 Zip Code 1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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. Language with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent.4 &	egistered agent, or both in the state or enable with, and accept the oblig	ations of, Section 607.0505, Florid	a Statutes.	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE	The training	IAN J. EZCIOTI- CO		TREJ DONT	<i>! [ [ [ 48   ]</i>
30014710112	Signature, typed or printed name of registered age		egistered Agent signature required		·-
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOT-CUNNINGHAM, IANV		1.2 NAME		
STREET ADDRESS	2676 GLENEAGLES DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-ST-ZIP		
TITLÉ	81	☐ DELETE	2.1 TITLE		Change Addition
NAME	ELLIOT-CUNNINGHAM, TAMN	IA L	2.2 NAME	•	
STREET ADDRESS	2676 GLENEAGLES DRIVE		2.3 STREET ADDRESS		ì
CITY-ST-ZIP	CLEARWATER FL 34621		2 4 CITY+ST-ZIP		
TITLE		☐ DELE <b>TE</b>	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	·		4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14   hereby c	certify that the information supplied w	ith this filing does not qualify for th	ne exemption stated in S	ection 119.07(3)(i), Florida Statutes. I furthe	er 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 in Chapter 607, or on an attachment with an address.					