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 # F9600002130 (0)

NEW Z CORPORATION

FILED Apr 20 1998 8:00am Secretary of State



					— I INTINE IAIN INIIN NIII Pr af oniii oriii boiai	OONE HER INGE MAR EEN 1881	
Principal Place of Business Mailing Address							
805 TURNER STREET ' 805 TURNER STREET							
CLEARWATER FL 33756 CLEARWATER FL 33756					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified		
					04/26/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		22-2154500	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May B	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	į	8. This corporation owes or has paid the	current year Intangible	
4	25	29	30		Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curr	ent Registered Agent		, , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Register	ed Agent	
BRUYNELL, JOHN E			81	Name			
809	5 TURNER STREET		82	Street Ado	fress (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34616				0,,00,,100	rioda (1.0. Box (taliibal la trat / loopidalo)		
			83				
			84	Oit.		as Zio Codo	
			84	City	F	85 Zip Code	
		ND DIRECTORS	13.		ared when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
12.			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PC	☐ DELETE	1.1 TITLE			Change Addition	
NAME	BRUYNELL, JOHN E		1.2 NAME				
STREET ADDRESS	805 TURNER STREET		1.3 STREET				
CITY-ST-ZIP	CLEARWATER FL 34616	DELETE	1.4 CITY - 9 2.1 TITLE	ST-ZIP		Change Addition	
TITLE		beten				E Change E Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change Addition	
NAME			3.2 NAME			C organize C Macriton	
STREET ADDRESS	li .		3.3 STREET	ADDDCCC			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELFTE	4.1 TITLE	51 - ZIF		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIF			4.4 CITY - S	· · · · ·			
TITLE		DELETE	5.1 TITLE	11 - ZIF		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIF			5.4 CITY - S	1			
TITLE		DELETE	6.1 TITLE	II- elf		☐ Change ☐ Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIF			6.3 STREET				
G111-21-28*			■ 04 UHT-2	11-417			

14. I hereby certify that the information supplied with this fill of oes 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 true de 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.