FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G19316 (0)ANALE, INC. Principal Place of Business Mailing Address P. O. BOX 7068 P. O. BOX 7066 CLEARWATER FL 34618-7066 CLEARWATER FL 34618-7066 3. Date Incorporated or Qualified 01/19/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-2259639 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Country 33*158* 30 25 9. Name and Address of Current Registered Agent <u>B1</u> Name SCHERER, PAUL C 2950 • 5TH AVE., N. ST. PETERSBURG FL 33713 83 84 City

## **FILED** May 06 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 🔀 Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title 1 applicable (NOTI: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE AYERS, ALLYN NAME 1.2 NAME 2950 - 5TH AVE., N. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DÉLÉTE 61 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

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 at the anaddress