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 # G41917

(7)

FILED Feb 13 1998 8:00am Secretary of State

	NC.			
Principal Place of Business	Mailing Address			1844 OLDIL OLDIL DIBA BIDIL 1081
4190 DRAKESWOOD CIRCLE	4190 DRAKESWOOD CIR	OCI F		
SARASOTA FL 34232-2504	SARASOTA FL 34232-25			
			DO NOT WRITE IN THI	IS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		06/02/1983 4. FEI Number	L Japanes For
21	26		59-2296976	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		<u> </u>	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 25	[29]	30	Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
FISK, STEVE		148(16		
217 NASSAU SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
VENICE FL 33595		83		
		~		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Section	os 607 0502 and 607 1508 Florida Statut	los the above-parned corr	poration submits this etetement for the purpose	of changing its registered
office or registered agent, or both, i	in the State of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
1/1/14 0. 4.4 4	of the obligations of, Section 607.0505, Fi	orida Statutes.	tang.	10/02/
SIGNATURE V 1/ WVVI -				
	regeliered agent and title if applicable ///	E Registered Agent signature regul	red when reinstaling) DATE	7778
Signature, typed or printed roome or	registered agent and title if applicable ////////////////////////////////////	E Registered Agent signature requi		ND DIRECTORS IN 12
Signfule. Speed or printed named 12. OFF TILE PST			red when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
12. OFF TITLE PST NAME MARSH, NANCY	ICERS AND DIRECTORS DELETE	13.		
12. OFF TITLE PST NAME MARSH, NANCY STREET ADDRESS 4190 DRAKESWOOI	D CIRCLE	13. 1.1 TITLE		
12. OFF TITLE PST NAME MARSH, NANCY STREET ADDRESS 4190 DRAKESWOOL CITY-SI-ZIP SARASOTA FL 3423	D CIRCLE	13. 1.1 TITLE 1.2 NAME		
12. OFF TITLE PST NAME MARSH, NANCY STREET ADDRESS 4190 DRAKESWOOL CITY-SI-ZIP SARASOTA FL 3423 TITLE D	D CIRCLE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
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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 eath; 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, or on an attachment with an address