FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998				Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
[1.	Corporation		# G5540		(9)									
	IVATAIN	AUGIT EN	ITEMP MOLO: IA	,										
Principal Place of Business Mailing Address										r samistit dånn mater millik da	DIN MUNICIPALITY	Aibit Bibit	ENERL ANDIT MIRE	
0	07 SOUTH E LEARWATER	EN THACKER EWING AVENU FL 34617-18	IE P.O. BOX 1608 08	407 SOU CLEARW	% O. STEPHEN THACKER 407 SOUTH EWING AVENUE P.O. BOX 1808 CLEARWATER FL 34617-1808						OT WRITE	IN THIS	SPACE	
u	\$			US						3. Date Incorporated or C	Mailled			
2. Principal Place of Business				2a. Mailin	2a. Mailing Address				\longrightarrow	08/23/1983 4, FEI Number	**		T A	pplied For
21	•			26	<u> </u>				1	59-2313968				ot Applicable
	Suite, Apt. #, etc			Suite,	Suite, Apt #, etc.					5. Certificate of Status De	sired			Additional
22				27					 -↓					equired
	City & State				City & State				ĺ	6. Election Campaign Fin	_			May Be
23	Zip	Country			7 Ip					Trust Fund Contribution 8. This corporation owes				to Fees
24	E-1	25			29 30			•		Personal Property Tax				langibie ∐No
		9, Name	and Address of Cur	····	Agent				L	10. Name and Address of			Agent	
THACKER, O. STEPHEN								Name						
407 SOUTH EWING AVENUE							82 Street Addres			(P.O. Box Number is Not	Acceptab	le)	 -	
Į .	CLE	EARWATER	FL 34617						<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
						-	83]						
						İ	84	City			<u>-</u>	FL	85 Zip	Code
11	Pursuant	to the provis	ions of Sections 607.0	502 and 607.150	8. Florida Statut	tes, the ab	l	e-named o	corpora	ation submits this statemen	t for the p		changing /	ts registered
"	office or r	registered ag	ent, or both, in the Sta th, and accept the ob	ate of Florida. Suc	ch change was :	authorized	l by	y the corpo	oration	's board of directors. I here	by accer	t the app	ointment as	registered
١,	GNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in, and accept the op	iganorio or, beetin	01,001,0000,11	o lou otat	2100	.						
. Si	GINATURE	Signature, typed	or printed name of registered	agent and title if applica			Registered Agent signature requir		required v	vhen reinstaling)		DATE		
12			OFFICERS A	AND DIRECTORS		13.				ADDITIONS/CHANGES	TO OFFIC	ERS ANI		
זוז		PO	UOU BAIGH		DELETE	1.1 111		}					Change	Addition
	ľ		JUGH, RALPH			1.2 NA								
1	REET ADDRESS	l .	OYAL PINES CIR.					ADDRESS			•			
TH	Y-ST-ZIP	ST-ZIP CLEARWATER FL. SD			DELETE		1.4 CITY-ST-ZIP 2.1 TITLE						Change	Addition
NA.			UGH, ROSE			22 NA		1						
STI	TREET ADDRESS 2537K ROYAL PINES CIR.					2.3 510	2.3 STREET ADDRESS							
CITY-ST-ZIP		CLEARWATER FL					TY-S	ST-ZIP						
TIT	LE				DELETE	3.1 T/T	LE						Change	Addition
NA	ME					3.2 NA	ME	-						
STI	REET ADDRESS					3351	REET	ADDRESS						
	Y - 51 - 21P	 .			DELETE	3.4. CI		ST-ZIP					Change	- Addition
TIT	Í				☐ DELETE		4.1 TITLE						Change	Addition
NA.	ME HEET ADDRESS					4.2 NA		ADDRESS						
	Y-ST-ZIP				4.3 STF			ADDRESS						
TeT					DELETE	5 1 TIT							☐ Change	Addition
NA	ì					5 2 NA		1						
ST	REET ADORESS					5 3 STF	REET	ADDRESS						
Cit	Y-51-21P					5.4 CIT	Y - S	T-ZIP						
TIT	.e T				DELETE	6.4 111				 			Change	Addition
NA	MΕ					6.2 NA	ME							

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 chapted or so an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

Apr 17 1998 8:00am