## 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 # G56511

(0)

## **FILED** Mar 26 1998 8:00am Secretary of State

WESTO	GATE PRINTING, INC.				
				_}	Přek skult odek oloh oktří roek
Principal Plac		Mailing Address			
38938 SR 54 36936 SR 54 36936 GR. 54 DELETE 36936 GR. 54 DELETE					
ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541			•	DO NOT WRITE IN TH	IIS SPACE
US	712 00041	US		3. Date Incorporated or Qualified	III OI AOE
"				08/24/1983	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	lade of bosiness	}—¬		59-2313804	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<del></del>		\$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	
23	-	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	<u>├</u>	30	Personal Property Tax due June 30.	Yes No
<del>= '                                   </del>	9. Name and Address of Curren		~1	10. Name and Address of New Register	
DU	IFFY, MARIE E.		81 Name		
RARI AIDWAY				70 0 B	
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
l NE	W PORT RICHEY FL 34654		83		
			84 City	F	65 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State	of Florida Such change was au	thorized by the corporati	oration submits this statement for the purpos ion's board of directors. I hereby accept the	appointment as registered
1	im tamiliar with, and accept the obliga	ations of, Section 607.0505, Flor	roa statutes.		
SIGNATURE	Signature, typed or printed name of registered age	eot and tille if annicable (NOTE:	Registered Agent signature require	ed when reinstating) DAT	F
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	DUFFY, MARIE		1.2 NAME		
STREET ADDRESS	8661 AIRWAY BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY - ST - ZIP		[]
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	DUFFY, JAMES P.		2.2 NAME		
STREET ADDRESS	8661 AIRWAY BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-ST-ZIP	\$4.	}
TITLE	\$	DELETE	3.1 TITLE		Change Addition
NAME	DUFFY, JAMES P	<b>—</b>	3.2 NAME		
STREET ADDRESS	8661 AIRWAY BLVD		3.3 STREET ADDRESS		
	NEW PORT RICHERY FL				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	DUFFY, MARIE		4.2 NAME		
STREET ADDRESS	8661 AIRWAY BLVD		4.3 STREET ADDRESS		
1	NEW PORT RICHEY FL				i
CITY - ST - ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		The second of the control of
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I hereby 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 ainual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

MARIE ELENA DUFFY 3/23/98