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

	MENT # G71321 /ILD, INC.	(5)			
Principal Place	e of Business	Mailing Address		-{	/011 B1014 B1011 B1011 01611 1001
2900 MAPLE TRACE 2900 MAPLE TRACE					
	INGS-FL-94689	TARPON SPRINGS FL 3468	9		
US	11. Al. 1 - 1915	US		DO NOT WRITE IN TH	S SPACE
45752	therine Blud-19916- Handon A BULFY	e-same		3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		11/22/1983 4. FEI Number	Applied For
21	add of Dogmess	26		59-2361832	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	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	, m
24	25		<u> </u>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	A Agent
	EEN, MAY C.	- Katherina Blod.	OI Name		
	DO MAPLE TRACE 45	# 418	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
IAI	REON SPRINGS FL 34889	-Katherine Blod # 418 Palm Hunbor, Fil 3468-0	63		
	r				
		3468	64 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corr	poration submits this statement for the purpose	
agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligat	of Florida, Such ch ange w as autions of, Section 607,0505, Flori	thorized by the corporat da Statutes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typod or printed name of registered agout	and little if applicable (NOTE: 0	Registered Agent signature requi	ired when reinstating) DAYE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PS	DELETE	1.1 TITLE		☐ Change ☐ Addition
RAME	GREEN, MAY	there wind a 44F	1.2 NAME		
STREET ADDRESS	2000 INN 20 INNOC	Palmeterly Fl	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRGS, PL 00000	31484	1.4 City - ST - ZIP		
TITLE	TV	☐ DELETE	2.1 TITLE		Change Addition
NAME	GREEN, MILTON 45-6	itherine Buls 418- m Helph Fl 34044	2.2 NAME		
STREET ADDRESS	2900 MAPLE TRACE	m Haybon 121	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	57+ 67	2.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	3.1 TATLE		Change Addition
NAME OTOGET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		_ Jeen	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TiTLE		Change Addition
NAME			5.2 NAME		_ • •
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-SI-ZIP		
TITUE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		'
	certify that the information supplied with	h this filing does not qualify for		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 trusted 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.

FILED

May 14 1998 8:00am

Secretary of State