

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

FILED

98 MAR 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G95807** (5)
1. Corporation Name
ISTRIA, INC.



Principal Place of Business Mailing Address
% J. BOB HUMPHRIES
501 EAST KENNEDY BLVD. - STE. 1700
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/05/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2402642	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUMPHRIES, BOB J 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA FL 33602				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				PSTD				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				HUMPHRIES, BOB J				1.2 NAME							
STREET ADDRESS				3000 HAWTHORNE ROAD				1.3 STREET ADDRESS							
CITY-ST-ZIP				TAMPA FL				1.4 CITY-ST-ZIP				200002467272-5			
TITLE				<input type="checkbox"/> DELETE				2.1 TITLE				-03/24/98-01105-021			
NAME								2.2 NAME				****150.00 ****150.00			
STREET ADDRESS								2.3 STREET ADDRESS							
CITY-ST-ZIP								2.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. 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 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, or on an attachment with an address.

SIGNATURE **Bob Humphries** Secretary 3/22/98 (813) 222-1172

CR2E034 (10/97)