

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C 96588
 1. Corporation Name

Principal Place of Business Mailing Address
24195, U.S. 19, LOT #406
CLEARWATER, FL., 33763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
04/17/84

4. FEI Number
59-2419156 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
FORD, EDWIN, I.
2307 WEST BAY DRIVE,
LARGO, FL. 33540

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ (NOT: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, BRUCE	
STREET ADDRESS	24195 U.S. 19, #803	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BESCHENEAVY, RAY	
STREET ADDRESS	24195 U.S. 19, #311	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DARRYL LEMIEUX	
STREET ADDRESS	24195 U.S. 19, #433	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICTORIA CAMPBELL	
STREET ADDRESS	24195 U.S. 19, #314	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL RODAK	
STREET ADDRESS	24195 U.S. 19, #435	
CITY-ST-ZIP	CLEARWATER, FL. 33763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ED. PORCHAK	
STREET ADDRESS	24195 U.S. 19, #407	
CITY-ST-ZIP	CLEARWATER, FL. 33763	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRED MALLET	
1.3 STREET ADDRESS	24195 U.S. 19, #125	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 33763	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AILEEN KELLY	
2.3 STREET ADDRESS	24195 U.S. 19, #431	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 33763	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAY CHABOT	
3.3 STREET ADDRESS	24195 U.S. 19, #406	
3.4 CITY-ST-ZIP	CLEARWATER, FL. 33763	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERNIE WINTHER	
4.3 STREET ADDRESS	24195 U.S. 19, #400	
4.4 CITY-ST-ZIP	CLEARWATER, FL. 33763	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEO. JACKSON	
5.3 STREET ADDRESS	24195 U.S. 19, #327	
5.4 CITY-ST-ZIP	CLEARWATER, FL. 33763	
6.1 TITLE	50000248534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/10/98-01019-029	
6.3 STREET ADDRESS	***158.75	
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: **Ray Chabot** -RAY CHABOT 04/06/98-813-796-6816

CR2E034 (10/97)