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 #

(9)

FILED
Feb 18 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address														
**PAUL HARTT 1223 ENTERPRISE DRIVE UNIT A PORT CHARLOTTE FL 33953-3847 US				%PAUL 1223 EF	%PAUL HARTT 1223 ENTERPRISE DRIVE., UNIT A PORT CHARLOTTE FL 33953-3847			3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
2. Principal Place of Business				2a. Mailir	2a. Mailing Address				4	09/17/1984 i. FEI Number			TA	pplied For
21				26						59-2456706				ot Applicable
Sulte, Apt. #, etc.				<u>}</u> -1	Suite, Apt. #, etc.				5	6. Certificate of Status	Desired			Additional equired
ĺ	City & State	6			City & State				6	Election Campaign F	Inancina			May Be
23	3			28						Trust Fund Contribut	_			to Fees
1	Zip	Zip Country			Zip Cou			'	8. This corporation owes or has paid the current year Intangible					
25 g. Name and Address of Current				29 30 30 Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
	HA	RTT, PAUL					81	Name		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•
			Prise drive., un	HT A		}	B2	Street A	Addroop ((P.O. Box Number is N	ot Assesses	hlol		
			OTTE FL 33953-					SireerA	Addiess	(F.O. BOX NUMBER IS N	ot Accepta	юю		
							В3							
						ļ	84	City				FL	85 Zip	Code
11	. Pursuant t	to the provis	ions of Sections 60	7.0502 and 607.150	8. Florida Statute	s. the ab	ove	e-named o	corporation	on submits this statem	ent for the		Lobanging i	ts registered
	office or re	egistered aç	gent, or both, in the	State of Florida, Such philipations of Sections	ch change was a	uthorized	l by	the corp	ooration's	on submits this statem board of directors. I hi	ereby acce	pt the app	ointment as	registered
	SNATURE	.,, (4)	in, and doop, the	obligations of occi.	011 001.0000, 110	ilda Otati	3100							
		Signature, types		red agent and title if applica			Agei	nt signature r	 	en reinstating)		DATE		
12.		PD	OFFICER	S AND DIRECTORS	DELETE	13. 1.1 10	1.6		<u></u>	ADDITIONS/CHANGE	S TO OFFI	CERS AND	DIRECTOR Change	RS IN 12
NAA			PALII	<i>_</i>	-								C Change	Addition
	EET ADDRESS	22490	SENTRAL AVENU	=4385L	AURA 31	1.3 STF		ADDRESS						
CIT	Y-ST-ZiP	CHARL	OTTE HARBOR F	Ĺ		1.4 CIT	Y-\$1	T-ZIP						
THTL	.E				☐ DELETÉ	2.1 TIT	LE						☐ Change	Addition
NAME					2.2 NAI					1				
-	EET ADORESS							ADDRESS				Ē		
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NAA					cont ecrets	3.2 NAI]						
	EET ADORESS							ADDRESS						j
cin	r-st-zip					3.4. CII	[Y-\$	ST - ZiP						
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NAN						4. 2 NA								
	EET ADDRESS							ADDRESS						Ì
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NAM					- DESERTE	5.1 HH							Onlarings	
	EET ADORESS					1		ADDRESS						
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TITL		···			DELETE	6.1 TITE							☐ Change	Addition
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STR	EET ADORESS	t ·				6.3 STR	REET A	ADDRESS						ľ
_	-ST-ZIP		- 1-6	(a) (b) (c)		6.4 CIT			4 (4 6 13)	ion 119 07(3)(i) Florida	Cialita		26 41 - 2.16	

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 is 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 allochment with an address.