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 # H31098

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PEG-AG	in Mame S ENT, IN	1C.			(,)			
Principal Place of Business Mailing Address								T TOOKBUL DIDGE TINDE TARKE BODING TOOLOGIA BEGIN DIGGE BEGIN DEGIN DEGI
\$943 106TH TERR. NO. 5943 106TH TERR. NO. PINELLAS PARK FL 34666 PINELLAS PARK FL 34666						3		DO NOT WRITE IN THIS SPACE
US				US				3. Date Incorporated or Qualified
								11/14/1984
2. Principal Pl	ace of Busin	ness		2a. Mailing Address				4. FEI Number Applied For
21	# -1-			26 Suite Ant H etc				59-2479686 Not Applicable
Suite, Apt.	₩, B1C.			<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	9				City & State			6. Election Campaign Financing \$5.00 May Be
23				28	<u> </u>			Trust Fund Contribution Added to Fees
Zip			Country	Zip		Country	/	8. This corporation owes or has paid the current year Intangible
24	25 2. Name and Address of Current			29	<u> </u>			Personal Property Tax due June 30. Yes No
•				t Registered Ag	ent	B1	Name	10. Name and Address of New Registered Agent
	NKAUS, JO							
	3 106TH T					82	Street A	Address (P.O. Box Number is Not Acceptable)
, FIN	ELLAS PAI	nn ri	_ 34000			83		
						84	City	FL 85 Zip Code
11. Pursuant t	o the provis	ions o	f Sections 607.050	2 and 607.1508,	Florida Statute	es, the above	e-named (corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	n fa miliar w	ith, an	d accept the obliga	ations of, Section	607.0505, Flo	rida Statute	y me corp	ioration's board or directors. Thereby accept the appointment as registered
SIGNATURE			ed name of registered ager					required when reinstating) DATE
12,	Signature, typau	Di Entri	OFFICERS AND				ant algumente t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD				DELETE	1.1 THILE		Change Addition
NAME	TRINKAI	US, J	OSEPH P			1.2 NAME	1	
STREET ADDRESS			TERR. NO.		1		ADDRESS	
CITY - ST - ZIP		IS PA	RK FL 34666			1.4 CITY - S	T-ZIP	
TITLE	ST			Į	DELETE	2.1 TITLE	1	Change Addition
NAME	TRINKAL					2.2 NAME		
STREET ADDRESS			TERR. NO.			2.3 STREET		
CITY-ST-ZIP TITLE	FINCLU	10 FF	RK FL 34666		DELETE	2 4 CITY - S 3.1 TITLE	ST- ZIP	Change Addition
NAME						3.2 NAME		C Oriente C Administ
STREET ADORESS						3.3 STREET	ADDRESS	
CITY - ST - ZIP						3.4. CITY - 5		
TITLE	<u></u>				DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAME				4.		1	
STREET ADDRESS						4.3 STREET	ADDRESS	
CITY-ST-ZIP						4.4 CITY - S	T - ZiP	
TITLE			l	DELETE 5.1 T			Change La Addition	
NAME						5.2 NAME]	√/),//¬
STREET ADDRESS						5 3 STREET		1()~//
CITY-ST-ZIP TITLE				 ;	DELETÉ	5.4 CITY-S 6.1 TITLE	7 - ZIP	Change Addition
NAME				ı		6.2 NAME	Ì	60000243455€Change □ Addition -02/19/9801002002
STREET ADDRESS						6.3 STREET	ADDRESS	-UZ/19/98U1002002

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:

813-544-7103

FILED

Feb 17 1998 8:00am

Secretary of State