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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED May 05 1998 8:00am Secretary of State

I THE MIC	INLIN LAW GROUP, F.A.					
Principal Place	e of Business	Mailing Address			{ 1601011 0111 61011 09116 11011 40111 1101 01411 01411 01411	
1100 N. FLORIDA AVE.		1100 N. FLORIDA AVE.				
SUITE 300	ION NVE.	SUITE 300				
TAMPA FL 330	802	TAMPA FL 33602			DO NOT WRITE IN THIS SPA	ACE
US		US			3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address			01/29/1985 4. FEI Number	Applied For
21	add or businosc	26				Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2491706	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Co		Counti	'y	8. This corporation owes or has paid the curren	
24	25	29	30	,	Personal Property Tax due June 30.	
	g, Name and Address of Current	t Registered Agent		. -	10. Name and Address of New Registered Ag	ent
	rlin, william f Jr.		8	Name		
1100 NORTH FLORIDA AVE., SUITE 300			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33602					
			65	'		
			64	City	- 1	85 Zip Code
44 Divergent	to the provinces of Sections 607.000	Loud CO7 1500 Florido Ctotut	on the pho	a parad sav	poration submits this statement for the purpose of ch	
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized b	by the corporal	tion's board of directors. I hereby accept the appoin	itment as registered
agent. La	m fa miliar with, and accept the obliga	itions of, Section 607.0505, Fid	orida Statute	98.		-
SIGNATURE	Signature, typed or printed name of registered agor	TOM) oldsoileus It altil bus to	F Registered &	Sant rigostive rea ii	red whon reinstating) DATE	
12.	OFFICERS AND		13.	gen signature recon	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	DPS	DELETE 1,1 Tri				Change Addition
NAME	MERLIN, WILLIAM F. JR.		1.2 NAME			
STREET ADDRESS 1100 N. FLORIDA AVENUE		1.3 STREET ADDRESS		T ADDRESS		}
CITY-ST-ZIP	TAMPA FL	AMPA FL 1.4 C		ST-ZIP		13
TITLE	Ť	DELETE	2.1 TITLE			Change Addition
NAME	MERLIN, WILLIAM F., JR.					
STREET ADDRESS	1100 N. FLORIDA AVENUE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Ĺ.	Change Addition
NAME	•		3.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZIP		Ohanan Takkin
TITLE		L. DELETE	41 TITLE	.	L	Change
NAME			4. 2 NAME			
STREET ADDRESS				I ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	SI - ZIP		Change Addition
NAME		□ precit	5.1 HILE 5.2 NAME		L.u.) Onlinge
STREET ADDRESS			•	T ADDRESS		
CITY-ST-ZIP						
TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-£IF		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	;		6.4 CITY-			
	ertily that the information supplied wit	h this filing does not qualify fo			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 roceiver 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.