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 #

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法事 明代 对话点的 情情情以及情情情情,他就是是我们的人的,我们是我们是我们

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

H41005

(0)

ELLIS & DIAZ, INC.

FILED							
Apr 13 1998 8:00am	l						
Secretary of State							

☐ Change

Addition

Principal Place of Business Mailing Address					- I SABINELL DISC BIDON HERM DEFIN DEFIN DEFIN DE	fiệt Dinis Sinit Didit Didit Dinis Si dit (Albe
3030 N. ROCKY POINT DR. W. SUITE 200 TAMPA FL 33607		3030 N. ROCKY POINT DR. W. Suite 280 Tampa Fl. 33607		DO NOT WRIT	TE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/01/1985	
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number	Applied For
21		26			59-2491950	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζφ 29	30 Co	intry	This corporation owes or has p Personal Property Tax due Jun	
	g. Name and Address of Curre				10. Name and Address of New R	
FII	JS JR., HOWARD W.			81 Name		
5701 MARINER DRIVE #603				82 Street Add	drage (D.O. Boy Number in Not Assents	able)
				82 Street Add	dress (P.O. Box Number is Not Accepta	3DIO)
SUITE 280 TAMPA FL 33807				63		
174	WLY LE 22001					
				84 City		FL 85 Zip Code
office or r agent. I s	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was	s authorize	d by the corpora	rporation submits this statement for the ation's board of directors. I hereby according to the contract of the	purpose of changing its registered ept the appointment as registered
SIGNATURE	Signature, typed or ponind name of registered ap	gent and little if applicable (NX	OTE. Registere	d Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	ELLIS JR., HOWARD W.		1.2 N	AME .		ļ
STREET ADDRESS	5701 MARINER DRIVE #603		1.3 S	TREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.40	ITY-ST-ZIP		
TITLE	VPST	☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME	PAIGE, MARY JO		22 N	AME [†
STREET ADDRESS	2657 DAWN DRIVE		2.3 \$	TREET ADDRESS		ļ
CITY-ST-ZIP	CLEARWATER FL		2.44	CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	317	TLE		☐ Change ☐ Addition
HAME	BAKER, PHYLLIS C.		3.2 N	AME		
STREET ADDRESS	175-98 AVE NE		3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. (CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 T	TLE		Change Addition
NAME			4.21	IAME		
STREET AODRESS			4.3 S	TREET ADDRESS		1
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP		
TITLE		DELETE	511	TLF T		Change Addition

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address:

SIGNATURE:

6.4 CITY - ST - ZIP

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP