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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H69820 (9)

TRAWLER MICHAEL ANTHONY, INC.

Principal Place of Business

Mailing Address

2440 WORLD PKWY BLVD APT 56

FILED Apr 08 1998 8:00am Secretary of State



CLEARWATER FL 94623 1003 33763		CLEARWATER FL-24620-2000 33763			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/29/1985
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-2576246 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 33763	-2033 [25]	29 33763-2033 30 COU			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered Agent
VONA, SAM SR.				Name	
2440 WORLD PKWY. BLVD. #58			82	Street	Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL-84623-			83		
	33763		84	City	FL 85 33 267
SIGNATURE	Signature, typod or privated name of registered ways		rigistored Age	eni signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE		Change Addition
NAME	VONA, MICHAEL ANTHONY		1.2 NAME		
STREET ADDRESS	1712 BUND POND AVE		1.3 STREET	ADDDECC	2440 World Parkway APT 56 Clearwater, FL 33763-2033
CITY-\$1-ZIP	LUTZ FL		1.4 CITY - 5		Meanual 6 22763-2033
TITLE			2.1 TITLE	il-£ir	Change Addition
NAME	VONA, NINA E.		2.2 NAME		
STREET ADDRESS	2440 WORLD PKWY BLVD #5	e	2.3 STREET	ADDRESS	
City-St-ZiP	A1 #4 #4414 ### #1		2. 4 CITY -		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	VONA, SAM		3.2 NAME		
STREET ADDRESS	2440 WORLD PKWY BLVD #5	6	3.3 STREET	ADDRESS	
City-St-Zip	CLEARWATER FL		3.4. CITY - :	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TOLE	· ·	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CATY - ST - ZIP		merona ii n sa wii na wanaana	5.4 CITY - S	T-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition

14. 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 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 coreiver 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.

6.1 TITLE 6.2 NAME

NAME STREET ADDRESS

6.3 STREET ADDRESS