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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # HR4176

171

Secretary	of State

FILED

Mar 19 1998 8:00am

Principal Place		Mailing Address						
815 S. HOWARD AVE. TAMPA FL 33606 B15 S. HOWARD AVE. TAMPA FL 33606 TAMPA FL 33606				DO NOT WRITE IN THIS SPACE				
					<u> </u>		ACE	
					3. Date Incorporated or Qualified)		1 1 1 1 1
2. Principal Pi	ace of Business	2a, Mailing Addr	ess		11/04/1985 4. FEI Number		I IAn	plied For
21		26			59-2605734			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.				\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Re	
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added 1	o Fees
Zip	Country	Ζip	Coun	try	B. This corporation owes or has p			
24	25	29	30		Personal Property Tax due Jur] No
	9. Name and Address of Curre	ent Hegistered Agent		Name	10. Name and Address of New F	registered A	Seur	
	GINTON, J. RONALD		l'	Ivanie				
	N. FRANKLIN ST.		ē	Street Add	iress (P.O. Box Number is Not Accept	able)		
TAN	MPA FL 33602		-	33		 		
			`	~[
			8	4 City		FL	65 Zip (Code
44 Purcuant I	to the provisions of Sections 607.05	502 and 607 1509 Florid	do Statutor, the abo	we pamed cor	paration submits this statement for the		henging it	e registered
Office or re	egistered agent, or both, in the Sta	302 8110 001 1300, 110110		ומט טפווומוויסט כטון	poration apprints this statement for the	pulposa of C	HELIPHING III	e i o grotoro d
OHICE OF IT		to of Florida, Such chan	ge was authorized	by the corpora	ition's board of directors. I hereby acc	ept the appoi	ntment as	teftiateten
agent. I a	m familiar with, and accept the obli	te of Florida, Such chan igations of, Section 607.	ge was authorized 0505, Florida Statu	by the corporates.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appoi	nıment ası	registered
agent. I a							niment as	registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE: Registered /		ired when reinstating)	DATE		
•	Signature, typed or printed name of registered a		(NOTE: Registered /	Ageni signature requi		DATE ICERS AND I		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	igent and title if Applicable	(NOTE: Registered A	Ageni signature requi	ired when reinstating)	DATE ICERS AND I	DIRECTOR	S IN 12
SIGNATURE 12. THILE	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable ND DIRECTORS	(NOTE: Registered / 13. LETE 1.1 TITL 1.2 NAM	Ageni signature requi	ired when reinstating)	DATE ICERS AND I	DIRECTOR	S IN 12
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ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in