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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

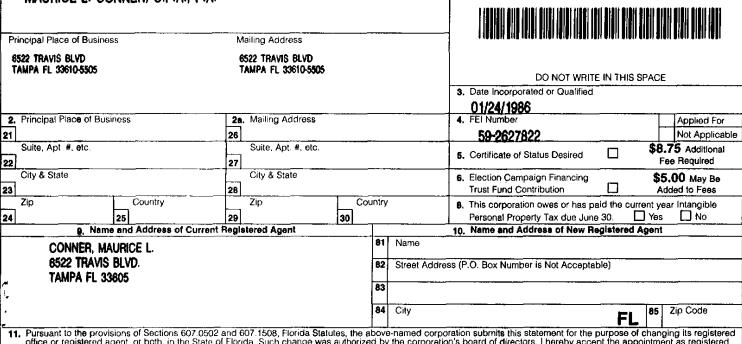
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(1)

MAURICE L. CONNER, C.P.A., P.A.

Principal Place of Business	Mailing Address
8522 TRAVIS BLVD TAMPA FL 33610-5505	6522 TRAVIS BLVD TAMPA FL 33610-5 50 5

FILED Mar 26 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

=	m ramiliar with, and accept the obligations of, Section 607.	0505, Florida Statutes.	and the political state of the
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent	signature required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST DE	LETE 1.1 TITLE	☐ Change ☐ Additio
NAME	CONNER, MAURICE L.	1.2 NAME	
STREET ADDRESS	6522 TRAVIS BLVD.	1.3 STREET AD	DORESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY - ST - 2	ZIP
TITLE	D DE	LETE 2.1 TITLE	Change Additio
NAME	CONNER, MAURICE L.	2.2 NAME	
STREET ADDRESS	6522 TRAVIS BLVD.	2.3 STREET AD	DORESS
CITY-ST-ZIP	TAMPA FL	2. 4 CITY-ST-	-ZIP
TITLE	□ D€	LETE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET AD	DORESS
CITY-ST-ZIP		3.4. CITY-ST-	- ZIP
TITLE	DE	LETE 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET AD	DDRESS
CITY-ST-ZIP		4.4 CITY-ST-2	ZIP
TITLE	☐ DE	LETE 5.1 TITLE	Change Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET AD	DORESS
CITY-ST-ZIP		5.4 CITY - ST - 2	ZIP
TITLE	DE	LETE 6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET AD	DORESS
חודע ביז עווים		CACITY CT 3	חול

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.