## 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 #

J02857

(7)

**FILED** Feb 19 1998 8:00am Secretary of State

Principal Plac	ERMAN	Mailing Address % PAUL F. HERMAN			
9317 AMAZON DRIVE 9317 AMAZON DRIVE   NEW PORT RICHEY FL 34855   NEW PORT RICHEY FL 3			IREE	DO NOT WRITE IN THIS SPACE	
	BOTHET TE 04030	HEN FORT RIVINGS FE 34	1000	3. Date Incorporated or Qualified	77 17 10 07 1102
				04/01/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2638723	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Oblinicate of olatos besited	Fee Required
<b>├</b>		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	- I Country	28	0	Trust Fund Contribution	Added to Fees
	Country	Zip	Country	8. This corporation owes or has paid	
24	25 25 Name and Address of Curr		30	Personal Property Tax due June 3  10. Name and Address of New Regi	
ur.		ont neglistered Agent	81 Name	10. Name and Address of New Page	stered Agent
HERMAN, PAUL F.					
9317 AMAZON DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable	·)
NE	W PORT RICHEY FL 33553		83		
			**		
			84 City		85 Zip Code
44 Purcuant I	to the provisions of Sections 607 D	502 and 607 1509 Elorida Statuto	s the above perced earn	oration automite this eleterment for the num	FL 65 Zip Code
office or re	egistered agent, or both, in the Sta	te of Florida, Such change was a	s, the above-hamed corp uthorized by the corporati	oration submits this statement for the purion's board of directors. I hereby accept	the appointment as registered
agent. I a	m tamiliar with, and accept the obt	igations of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	accept and fills if conlinship	Registered Agent signature require		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1 TITLE	7.0011.01.01.01.01.17.10.E	Change Addition
NAME	HERMAN, PAUL F.	_	1.2 NAME		
STREET ADDRESS	9317 AMAZON DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VSD	DELET <b>E</b>	2.1 TITLE		Change Addition
NAME	HERMAN, SUSAN J.		2.2 NAME		_ • •
STREET ADDRESS	9317 AMAZON DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL		2. 4 CITY - ST - ZIP		1.1
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS .		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.