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

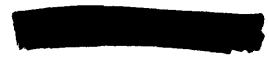
DOCUMENT # J03180

SHPORATION OF FLORIDA

FLORIDA, INC. CREATIONS

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



10558 751H S LARGO FL 33 US		10558 751H STREET. N LARGO FL 34647 US		DO NOT WRITE IN 3. Date Incorporated or Qualified 03/11/1986		
<u> </u>	ace of Business	2a. Mailing Address	V	4. FEI Number	Applied For	
Suite, Apt.	M. BIC.	26 /0740 7 Suite, Apt. #, etc.	YGTH CO		Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be	
23 LAR		28 LARGO, 1		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid th		
24 337	77 25 PINELLAS		O PINELL,		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10ZZINO, LOUIS E. 81 Name TO Have Delta Control of the Registered Agent						
1022HO, 20015 E.				JOHN R. ALBRECHT		
MADEIRA BCH FL 33708			82 Street	82 Street Address (P.O. Box Nymber is Not Acceptable) 10 4 4 0 76 T/F COURT		
100	DENTI BOTT E GOTOG		83	To the Total	-1	
			84 City		as Zin Codo	
					FL ⁸⁵ きょうゲック	
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	, the above-named	corporation submits this statement for the purpoperation's board of directors. I bereby account the	ose of changing its registered	
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 agent. I am familiar with and accept the obligations of, Section 607:0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registeres agon	TOHA	R ALB	RECHT PRES. Prequired when reinstalling)	-15-90	
12	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PT	DELETE	1.1 TITUE	PT	Change X Addition	
NAME	iozzino, louis	• •	1.2 NAME	ALBRECHT, TOHN R.]	
STREET ADDRESS	1311 BOCA CEIGA AVE		1.3 STREET ADDRESS	4400 WIST AVE 50	1	
CITY-ST-ZIP	MADEIRA BCH FL		1.4 CITY-ST-ZIP	ST. PETERSBURB, FL &	37/5	
TITLE	VS	X) DELETE	2.1 TITLE	, -	Change X Addition	
NAME	IOZZINO, MARY		2.2 NAME	ALBRECHT, LINDAS.		
STREET ADDRESS	13111 BOCA CEIGA AVE MADEIRA BCH FL		2.3 STREET ADDRESS		nouse.	
CITY-ST-ZIP TITLE	MADEIRA DON PL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	ST. PETERSBURY, FL	Change Addition	
NAME			3.1 MILE 3.2 NAME		CT Sharibe CT Modition	
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			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 THLE		☐ Change ☐ Addition	
NAME			5.2 NAME		(NV)	
STREET ADDRESS			5.3 STREET ADDRESS		1-23	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	61 TITLE	700002410) -01/23/9801030-	Change Addition	
NAME			6 2 NAME		-009	
STREET ADDRESS			6 3 STREET ADDRESS	***150.00		
CITY-ST-ZIP			64 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 offect 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.

SIGNATURE:

JOHN R. AL BREWIT PREC. 15.98