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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

J26036

**(0)** 

## **FILED** Apr 23 1998 8:00am Secretary of State

Principal Place		Mailing Address  6485 EMERSON AVE. S. ST. PETERSBURG FL 33	707		
	:E E चार्चाचा	चार र चार्चा व्यक्ति । स	=	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
9 Principal D	Place of Business	2a. Mailing Address		07/18/1986 4. FEI Number	Applied For
21	read of Edinional	28. Walling Address		59-2706632	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28]	1 0 -	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible  X Yes  No
24	25 g. Name and Address of Curren	29 t Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registers	
nu/	CK, CHARLES RODGERS		81 Name	in the state of th	
6485 EMERSON AVE. SO.			82 Street Add	drace (P.O. Boy Number is filet Assessed 1-)	
	. PETERSBURG FL 33707		DZ Street Add	dress (P.O. Box Number is Not Acceptable)	
	= := : = = : : = = = : = : = : = : : = :		83		
			84 City		85 Zip Code
				F	L Color
SIGNATURE:		nt and tille if appreciable (NO)	E Registered Agent signature requ	ation's board of directors. I hereby accept the a  uired whor (einstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	E
12.	PT	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DICK, CHARLES RODGERS		12 NAME		
STREET ADDRESS	6485 EMERSON AVE. S.		13 STHEET ADDRESS		
CHTY - ST - ZHP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	21 TITLE		Change Addition
NAME	DICK, RITA BERDINE		2 2 NAMÉ		
STREET ADDRESS	6485 EMERSON AVE. S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	T ones	2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 1111.6		Change Addition
NAME OFFICE ADDRESS			3 2 NAME		
STREET ADDRESS	(		3 3 STREET ADDRESS		
TITLE		DELLTE	34. CITY-ST-ZIP 41 TITLE		Change Addition
NAME		F. Perrie	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7(P			6.4 DITY-ST-ZIP		

I nereby 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.

818 347-2554