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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # J2967 S PROFESSIONAL MARINE	` '			1 8 18 17 8 18 17 8 18 18 18 18 18 18 18 18 18 18 18 18 1
Principal Plac	ce of Business	Mailing Address			i Billii atoi Bibii Bibii Bibii Didii ibbi
525 CRYSTAL DRIVE		525 CRYSTAL DRIVE			
MADEIRA BEACH FL 33708		MADEIRA BEACH FL 33	3708		
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
2 Principal I	Place of Business	2a, Mailing Address		08/20/1986 4. FEI Number	T TAnning Co.
21		26		59-2739248	Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	o current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes XNo
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
DISESA, DAVID ALAN			81 Name		
525 CRYSTAL DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MA	ADEIRA BEACH FL		83		
			84 City		85 Zip Code
			' '		FL
office or agent. I a SIGNATURE	arn familiar with, and accept the obli-	igations of, Section 607.0505, F	s authorized by the corpora- lorida Statutes. It: Registered Agent signature req. 13.	poration submits this statement for the purpo alion's board of directors. Thereby accept the used when reinstaling) DA ADDITIONS/CHANGES TO OFFICERS	at .
TITLE	PT	DELETE	1.1 100.	ADDITIONS/CHANGES TO OFFICE HS	Change Addition
NAME	DISESA, DAVID		1.2 NAME		
STREET ADDRESS	525 CRYSTAL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CHY-ST-ZIP		
TITLE		☐ DELETE	2.1 Title		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
THLE		LJ DELETE	3.1 TO LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DITTE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		L3 better			€1 Ouerde
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	Assessment at the control of the con	☐ DELF TE	51 1B(E		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CRY+S1+ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY OF TID			CACILY C1 700		

14. Thereby 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 compagnion or the release empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thereby.

FILED

Apr 10 1998 8:00am

Secretary of State