## 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 #

(5)

H-STOR ET, CAROLINE ROAD, INC.

$\Gamma$ ILE $D$
Mar 24 1998 8:00am
Secretary of State

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D.C. Carlotte	(5)			4 1 1					
-	ice of Business	<b>i</b>		Mailing Address	_				
2641 MCCO STE 102	RIMICK DR			2641 MCCORMICK DI STE 102	К				
	ER FL 34619			CLEARWATER FL 346	619			DO NOT WRITE IN THIS SPACE	
U\$				US				3. Date Incorporated or Qualified	
2 Principal I	Place of Busin	028		Mailing Address				12/04/1986 4. FEI Number Applied For	
2. Principal Place of Business 21				26				74-2442719 Not Applicable	
Suite, Apt #, etc.				Suite, Apt. #, etc.				S8 75 Additional	
22			27	27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
Zip Country				Zip Country			<del></del>	Trust Fund Contribution Added to Fees	
24	<u> </u>	25 29 30				8. This corporation owes or has paid the current year Intang ble Personal Property Tax due June 30. Yes No			
		and Address of C						10. Name and Address of New Registered Agent	
D	ENUNZIO, PI	ETER V.				81	Name	•	
3(	001 LEPRECI	HAUN LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
Pi	ALM HARBO	R FL 34683				83			
						84	City	■■ 85 Zip Code	
							-	FL  `	
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 agont, or both, in the State of I forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
		th, and accept the o	obligations	of, Section 607.0505	, Florida S	itatute	S.		
SIGNATURE	Signature, lyped	or printed name of jegister	ed agent and b	se if applicable (	(NOTE: Regist	ered Age	ent signature	re required when reinstating) DATE	
12.		OFFICERS	AND DIR		1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD			☐ DELETE	1	1 TITLE	ļ	Change Addition	
NAME	1000 00	AN, COLBY				2 NAME			
STREET ADORESS	1500 FA						ADDRESS		
CITY-ST-ZIP TITLE	SD	1 113		☐ DELETE		1 CITY - S 1 TITLE	51 - ZIP	Change Addition	
NAME	1	ZIO, PETER V.				2 NAME			
STREET ADDRESS 3001 LEPRECHAUN LANE				2.3 5			ADDRESS		
CITY-ST-ZIP		ARBOR FL			2.	4 CITY-	ST-ZIP	1.00	
TITLE	Ī			☐ DELETE	3.	1 TITLE		Change Addition	
NAME					3.	2 NAME			
STREET ADDRESS	5 <b> </b>				3.	3 STREET	ADDRESS		
CITY-ST-ZIP	<del>- </del>			1 00.000		4. CITY-	ST-ZIP		
TITLE	1			☐ DELETE		1 TITLE	Į	Change Addition	
NAME PERFET ADODESC	,					2 NAME			
STREET ADDRESS	<b>'</b>						ADDRESS		
CITY-ST-ZIP TITLE	<del> </del> -			DELETE		4 CITY - S 1 TITLE	51-21	Change Addition	
NAME						2 NAME	ĺ		
STREET ADDRESS	;						ADDRESS		
CITY-ST-ZIP						4 CITY-S			
TITLE	1			DELETE		1 TITLE		Change Addition	
NAME	1				6.:	2 NAME	ľ		
STREET ADDRESS	3				6.	3 STREET	ADDRESS		
CITY-ST-ZIP						4 CITY - S			
indicated	d on this annu-	al report or suppler	nental anni	ual report is true and	accurate	and th	at my sig	ted in Section 119,07(3)(i), Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an	
officer of Block 12	r director of the 2 or Block to if	e corporation of the changed, or on all	receiver c	r trustee empowered it with an alidress.	toexecut	te this	report as	us required by Chapter 607, Florida Statutes; and that my name appears in	