FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						- FILED			
COI	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 30 1998 8:00am Secretary of State				
t		53087	(9)						
Principal Plac 173 BIG PAS SARASOTA I		173	Mailing Address 173 BIG PASS LANE SARASOTA FL 34242		DO NOT WRITE IN THe			VIII.	
21 Suite, Apt.	Place of Business	26	Mailing Address P.O. Box Suite, Apt. #, etc.	x 25	217	01/22/1987 4. FEI Number 59-2832469		No	oplied For ot Applicable Additional
City & Stat		28	Dity & State SARAS C		-LORIDA	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution			equired May Be
Zip 24	25 25 9. Name and Addre			Country 30 U	SA	This corporation owes or has personal Property Tax due June Name and Address of New Re	e 30. 🔲 `	Yes 2	tangible No
SARASOTA FL 34242						ess (P.O. Box Number is Not Accepta			
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					e-named corporation	oration submits this statement for the pon's board of directors. I hereby acce		'	Code s registered registered
SIGNATURE	Signature, typed or printed name				ent signature require		DATE		
12.		FFICERS AND DIRECTO		13.	eni signature require	ADDITIONS/CHANGES TO OFFI		IBECTOE	S IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, WILGUS A 173 BIG PASS LAI SARASOTA FL		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, GRACE C. 173 BIG PASS LAI SARASOTA FL		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-5	i			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- C - C - C - C - C - C - C - C - C - C		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4, CITY-5	ADORESS	<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S	ADORESS			Change	Addition
TITLE	1.000		☐ DELETE	5.1 TITLE	+- CIE	 		Change	☐ Addition

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 cath; 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.

CICNATIDE.

1/20/98 (941)349-0200

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/97)

Change Addition