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 #

J60289

(2)

MCNAMARA & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



	IT., SUITE 300	4020 PARK ST., SUITE 300			
ST PETERSBURG FL 33709 ST PETERSBURG FL 33709			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				03/02/1987	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 6950	Central Avenue	26 6950 Cent	ral Aye	59-2758919	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
22 Sui			/0	5. 55	Fee Required
City & State	D / C	City & State		6. Election Campaign Financing	\$5.00 May Be
23 S	retersburg, FL	28 St. Petersb	urg FL	Trust Fund Contribution	Added to Fees
24 337	107 - 150	29 33707 3	in USA	8. This corporation owes or has paid the o	ourrent year Intangible X Yes No
24 25 1	9. Name and Address of Current			Personal Property Tax due June 30. 10. Name and Address of New Registere	A -
MCNAMARA, TERRANCE PATRICK					
4020 PARK ST. N. SUITE 300 82 Street Address (P.O. Box Number is Not Acceptable)					
ST PETERSBURG FL 33709 6950 Central Hvenue					
			\Si	ute 140	
			84 City c	St Petersburg F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this determinent 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 registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	MCNAMARA, JOSEPH, J		1.2 NAME	_	
STREET ADDRESS	4020 PARK ST. N. #300		1.3 STREET ADDRESS	6950 Central Ave, Ste 14	0
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersbee FL 33707	
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	TERRANCE P. MCNAMARA		2.2 NAME	. A 1114	
STREET ADDRESS	4020 PARK ST. N. #300		2.3 STREET ADDRESS	6950 Central AM, STE 190	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP	6980 Central Ave, Ste 14. St. Petersburg, FL 33707 6950 Central Am, Ste 140 St. Petersburg, FL 33707	
TITLE		DELETE	3.1 TITLE	37	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
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 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			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this fiting 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.