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

28 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of New Registered Agent City & State Street Address of New Registered Agent City & State City & State City & State Street Address of New Registered Agent City & State Country Street Address of New Registered Agent City & State Country Street Address of New Registered Agent City & State City & State City & State City & State Country Street Address of New Registered Agent City & State Country Country Street Address of New Registered Agent City & State Country	ed For pplicable litional ired ay Be ees
C5 SARASOTA FL 3424 US CO NOT WRITE IN THIS SPACE SARASOTA FL 3424 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Og/11/1987 4. Principal Place of Business 2. Maiting Address 4. Principal Place of Business 2. Maiting Address 4. Principal Place of Business 2. Maiting Address 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Og/11/1987 4. Principal Place of Business 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Og/11/1987 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Og/11/1987 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 5. DO NOT WRITE IN THIS SPACE 5. Date Incorporated or Qualified Og/11/1987 5. DIA SPACE 5. DO NOT WRITE IN THIS SPACE 5. DO NOT WRI	pplicable litional ired ay Be fees gible
C5 SARASOTA FL 3424 US CO NOT WRITE IN THIS SPACE SARASOTA FL 3424 US 3. Date Incorporated or Qualified (99/11/1987 4. Principal Place of Business 2. Mairing Address 4. Principal Place of Business 2. Mairing Address 4. Principal Place of Business 4. Principal Place of Business 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified (99/11/1987 4. Principal Place of Business 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified (99/11/1987 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 5. Date Incorporated or Qualified (99/11/1987 4. Principal Place of Business 5. DO NOT WRITE IN THIS SPACE 5. Date Incorporated or Qualified (99/11/1987 5. Do Not Write In This SPACE 5. Date Incorporated or Qualified 5. Do Not Write In This SPACE 5. Date Incorporated or Qualified 5. Date Incorporated or Qualified 5. Do Not Write In This SPACE 5. Do Not Write In This SPACE 5. Date Incorporated or Qualified 5. Do Not Write Incorporated or Qualified 5. Do Not Write Incorporated or Qualified 5. Do Not Write Incorporation or Space or Not Write Incorporation submits this statement for the purpose of changing its readified or registered agent or both in the State of Florida Statutes 5. Date Incorporated or Qualified 5. Date Incorporation or Space or Not Write Incorporation submits this statement for the purpose of Changing its readified or registered agent or both in the State of Florida Statutes 5. Date Incorporated or Qualified Statutes 5. Date Incorporated or Qualified Statutes 5. Date Incorporated or Qualified Statutes 5. Date Incorporated Order Statutes 5. Date Incorporated or Qualified Statutes 5. Date Incorporated or Qualified Statutes 5. Date Incor	pplicable litional ired ay Be fees gible
US US 3. Date Incorporated or Qualified US/11/1987 2. Principal Place of Business 2. Maiting Address 4. Fil Number 65-0013443 No. A Sulte, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Address City & State City & State City & State City & State 2. Country 2. Principal Place of Business 2. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Address Fee Requ City & State City & State 2. Country 2. Principal Place of Business City & State City & State City & State 3. Detection Campaign Financing Trust Fund Contribution Added to I Added to I Added to I 2. Principal Place of Business 2. Application Address of Current Registered Agent 10. Name and Address of Now Registered Agent 10. Name and Address of Now Registered Agent VALDERRAMA, JOHN Sez JUAN ANASCO LONGBOAT KEY FL 34228 11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statutes Signature 3. Date Incorporated or Qualified 99/11/1987 4. Fil Number 65-0013443 6. Election Campaign Financing Frust Fund Contribution Added to I Added to I 8. This corporation owes or has paid the current lyaer Intan Personal Property Tax Aud June 30. Yes The Personal Property Tax Aud J	pplicable litional ired ay Be fees gible
2. Principal Place of Business 2. Maiting Address 4. FEI Number 5. OD13443 5. Uite, Apt #, etc. 5. Cartificate of Status Desired	pplicable litional ired ay Be fees gible
2. Mailing Address 2a. Mailing Address 2b. Mailing Address 2b. Mailing Address 2c. Mailing Address 2	pplicable litional ired ay Be fees gible
28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 City & State 27 Country 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 28 Strail and Contribution 30 Madded to Madded	pplicable litional ired ay Be fees gible
Suite, Apt. #, etc. Suite, Apt. #, etc.	itional ired ay Be fees gible
City & State Country Country Country Added to I Added t	y Be ees gible
Trust Fund Contribution Added to	ees gible
Zip Country Zip Country As the June 30. Yes Internet year Internet 24	gible
24 25 29 30 Personal Property Tax due June 30 Yes 1 9. Name and Address of Current Registered Agent VALDERRAMA, JOHN 582 JUAN ANASCO LONGBOAT KEY FL 34228 81 Name JOHN JALDERRAMA 82 Street Address (P.O. Box Number is Not Acceptable) H5 JOHN JALDERRAMA 83 Street Address (P.O. Box Number is Not Acceptable) H5 JOHN JALDERRAMA 84 City JALA SOTA FL 85 Zip Go 85 JUAN ANASCO LongBoat KEY FL 34228 86 City JALA SOTA FL 85 Jip Go 87 Jin 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 rediction 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 regagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12. OFFICERS AND DIRECTORS I 13. STREET ADDRESS GITY-ST-ZIP VALDERRAMA, JOHN 12. NAME STREET ADDRESS GITY-ST-ZIP LONGBOAT KEY FL DELETE 11. TITLE DELETE 21. TITLE DELETE 22. NAME Change Change Change Change	
VALDERRAMA, JOHN 562-JUAN ANASCO LONGBOAT KEY FL 94228 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 roffice 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 regardless agent, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 1.3 STREET ADDRESS FOR JUAN ANASCO 1.3 STREET ADDRESS GITY-ST-ZIP LONGBOAT KEY FL DELETE 1.4 CITY-ST-ZIP AFR ASOTA FL 3 42.32 Change	10
VALDERRAMA, JOHN 562 JUAN ANASCO LONGBOAT KEY FL 94228 82 Street Address (P.O. Box Number is Not Acceptable) ALDERRAMA 83 Street Address (P.O. Box Number is Not Acceptable) ALDERRAMA 84 City SALA SOTA FL 85 Zip Co 34 City SALA SOTA FL 85 Zip Co 34 STREET ADDRESS Signalure, hybed or profiled name of registered agent and liftle if applicable VALDERRAMA, JOHN 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 re 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 receptable, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signalure, hybed or profiled name of registered agent and liftle if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 11. TITLE VALDERRAMA, JOHN 12. NAME 13. STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL DELETE 11. TITLE DELETE 21. TITLE NAME 12. NAME 13. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 3 42.32 Change Change Change Change Change Change Change Change Change	
STREET ADDRESS 23 STREET ADDRESS	32 egistered jistered
CITY-ST-ZIP	Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
<u>~````````````````````````````````````</u>	Addition
NAME 4.2 NAME	-
STREET ADDRESS 4.3 STREET ADDRESS	}
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	Addition
NAME 5.2 NAME	ļ
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	[
TITLE DELETE 6.1 TITLE Change	Addition
NAME 62 NAME	a regulator
STREET ADDRESS , 6.3 STREET ADDRESS	_ Nadillon
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutes Lifether certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutes Lifether certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutes Lifether certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i).	_ Notificat

•• Introducted on this annual report or supplied with his nining does not quality 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 frustee 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 properly with an address.

SIGNATURE:

okn Volderian

4/2/98 (941)351-52

FILED

Apr 10 1998 8:00am

Secretary of State