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

CORPORATION ANNUAL REPORT

1998

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K01483

(2)

Zip

FLORIDA RECORDS CENTER, INC.

Principal Place of Business	Mailing Address				
1747 NORTHGATE BLVD BARASOTA FL 34234 US	1747 NORTHGATE BLVD. SARASOTA FL 34234 US	DO NOT WRITE IN THIS SPACE			
	•	3. Date Incorporated or Qualified 11/06/1987			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0010192	Not Applica		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		

24 29 9. Name and Address of Current Registered Agent CROY, LARRY E. 2100 S. TAMIAMI TRAIL

SARASOTA FL 34239

	Personal Property Tax due June 30. L. Yes L. No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

8. This corporation owes or has paid the current year Intangible

FILED

Mar 18 1998 8:00am

Secretary of State

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 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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and i	ille if applicable (NOTE:	Registered Agent signature	s required when reinstating)	ATE	
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12
TITLE	0	DELETE	1.1 TITLE	DT 5	Change	Addition
NAME	CROY, LARRY E.		1.2 NAME			
STREET ADDRESS	2100 S TAMIAMI TRL.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP			
TITLE	DPST	DELETE	2.1 TITLE	DP	Change	Addition
NAME	MOORE, ROBERT M.		2.2 NAME			1
STREET ADDRESS	P.O. BOX N/A		2.3 STREET ADDRESS	ļ	:	
CITY-ST-ZIP	LAKEVILLE MN		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	VD	Change	★ Addition
NAME			3.2 NAME	THERESA L. MODRE		
STREET ADDRESS			3.3 STREET ADDRESS	RO. BOX NIA		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	LAKEVILLE MN		
TITLE		DELETE	4.1 TITLE	7	Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>		
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	1		
STREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 trustee ampowered 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.

SIGNATURE:

Applied For Not Applicable