## 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

| POLLY                                      |  | # KU48<br>Otography,          |  | (6)  |                        |                   | 1 000 000 00 00 00 00 00 00 00 00 00 00                                       | A HON DION SHOK   | ÎNU ÎNU AN      | N GIBNI NTEI          |
|--|--|-------------------------------|--|--|------------------------|-------------------|---|-------------------|-----------------|-----------------------|
|  |  |                               |  |  |                        |                   |   |                   |                 |                       |
| Principal Place of Business                |  |                               | •                                      | Mailing Address                            |                        |                   |   | F 70 1 BIEN #7541 | *************** |                       |
| % STEPHEN M. TEEPLE                        |  |                               |  | % STEPHEN M. TEEPLE<br>3015 E. 48TH AVE DR |                        |                   |   |                   |                 |                       |
| 3015 E. 48TH AVE DR<br>BRADENTON FL \$4203 |  |                               |  | BRADENTON FL 34203                         |                        |                   | DO NOT WRITE IN THIS SPACE  |                   |                 |                       |
|  |  |                               |  |  |                        |                   | 3. Date Incorporated or Qualifie  | id .              |                 |                       |
|  |  |                               | ······································ |  | ·                      |                   | 12/01/1987  | <u>-</u>          |                 |                       |
| 2. Principal Place of Business             |  |                               | <u>}</u> -                             | 2a. Mailing Address                        |                        |                   | 4. FEI Number   |                   |                 | oplied For            |
| Suite, Apt. #. etc.                        |  |                               | 26 Suite Ant                           | Suite, Apt. #, etc.                        |                        |                   | 65-0028142  | <del></del>       | \$8.75          | ot Applicable         |
| 22   |  |                               | }                                      | 27   |                        |                   | 5. Certificate of Status Desired  |                   | ,               | Additional<br>equired |
| City & Sta                                 | te                                     | ·                             |  | City & State                               |                        |                   | 6. Election Campaign Financing  | 1                 | \$5.00          | May Be                |
| 23   |  |                               | 28                                     | 28   |                        |                   | Trust Fund Contribution   | <u> </u>          |                 | to Fees               |
| Zip  | Country                                |                               | Zip                                    | <u></u>                                    |                        |                   | 8. This corporation owes or has   | ·                 |                 |                       |
| 24   | 25  <br>9. Name and Address of Current |                               | 29                                     |  |                        |                   | Personal Property Tax due Ju 10. Name and Address of New                      |                   |                 |                       |
|  |  |                               | unem negistered Ayer                   | 11   | 81                     | Name              | 10. Name and Address of New   | riagistered i     | 40aur           |                       |
| TEEPLE, STEPHEN M.<br>3015 E. 48TH AVE DR  |  |                               |  |  |                        |                   |   |                   |                 |                       |
|  | ADENTON                                |                               |  | 82 Street Ad                               |                        |                   | fress (P.O. Box Number is Not Accep   | itable)           |                 |                       |
| On.  | PUENION                                | FL 34203                      |  | 83   |                        |                   |   |                   |                 |                       |
|  |  |                               |  |  | 84                     | Oite              |   |                   | Tee 1 7:-       | 0-4-                  |
|  |  |                               |  |  |                        | City              |   | FL                | . 1 1 1         | Code                  |
| 11. Pursuant                               | to the provis                          | sions of Sections 60          | 7.0502 and 607.1508, FI                | orida Statutes                             | s, the above           | -named cor        | poration submits this statement for thation's board of directors. I hereby ac | e purpose of      | changing it     | ts registered         |
| agent. Fa                                  | am <b>la</b> miliar w                  | ith, and accept the           | obligations of, Section 6              | 07.0505, Flor                              | ida Statutes           | ine corpora<br>i. | adores board of birectors. Thereby ac   | capt the app      | Ulminerit as    | registered            |
| SIGNATURE                                  |  |                               |  |  | <del>-</del>           |                   |   |                   |                 |                       |
| 12.  | Signature, typed                       |                               | red agent and title if applicable      | (NOTE:                                     | Registered Age         | nl signature requ | ired when reinstating) ADDITIONS/CHANGES TO OF                                | DATE              | DIDECTOR        | C (NI 12              |
| TITLE                                      | DVS                                    | OFFICE                        |  | DELETE                                     | 1.1 TITLE              |                   | ADDITIONS/CHANGES TO CI   | FICEIO AND        | Change          | Addition              |
| NAME                                       |  |                               |  | 1.2 NAME                                   |                        |                   |   |                   |                 |                       |
| STREET ADDRESS 3015 E. 48TH AVE DR         |  |                               |  | 1.3 STF                                    |                        |                   |   |                   |                 |                       |
| CITY-ST-ZIP                                | BRADE                                  | NTON FL                       |  |  | 1.4 CITY-S             | T-ZIP             |   |                   |                 |                       |
| TITLE                                      | DP                                     |                               |  | DELETE                                     | 2.1 TITLE              |                   |   |                   | Change          | Addition              |
| NAME                                       |  | , RUBY M.                     |  |  | 2.2 NAME               |                   |   |                   |                 |                       |
| STREET ADDRESS                             |  | 48TH AVE DR                   |  |  | 2.3 STREET             | ADDRESS           |   |                   |                 |                       |
| CITY-ST-ZIP                                | BRADE                                  | NTON FL                       |  | DELETE                                     | 2. 4 CITY - S          | 17-2IP            |   | <del>-</del>      | T Öbrer         | T Kalastina           |
| TITLE<br>NAME                              | TECDIF                                 | OTEDUEN M                     | لسا                                    | DELETE                                     | 3.1 TITLE              |                   |   |                   | L Change        |                       |
| STREET ADDRESS                             |  | , stephen M.<br>48th Ave. Dr. |  |  | 3.2 NAME<br>3.3 STREET | ADDRESS           |   |                   |                 |                       |
| CITY-ST-ZIP                                |  | NTON FL                       |  |  | 3.3 STREET             | 1                 |   |                   |                 |                       |
| TITLE                                      | DIVIDLI                                | 1101111                       |  | DELETE                                     | 4.1 TITLE              | .,- <u>Fu</u>     |   |                   | Change          | Addition              |
| NAME                                       |  |                               |  |  | 4. 2 NAME              |                   |   |                   | _               |                       |
| STREET ADDRESS                             |  |                               |  |  | 4.3 STREET             | ADDRESS           |   |                   |                 |                       |
| CITY-ST-ZIP                                | <u></u>                                |                               |  |  | 4.4 CITY - S           | T-ZIP             | ,   |                   |                 |                       |
| TITLE                                      |  |                               |  | DELETE                                     | 5.1 TITLE              |                   |   |                   | Change          | Addition              |
| NAME                                       |  |                               |  |  | 5.2 NAME               |                   |   |                   |                 | •                     |
| STREET ADDRESS                             |  |                               |  |  | 5.3 STREET             | ADDRESS           |   |                   |                 |                       |
| CITY-ST-ZIP                                | <del> </del>                           |                               | F-1                                    | DELETE                                     | 5.4 CITY-S             | T-ZiP             |   |                   | T Observe       | Awares                |
| TITLE                                      |  |                               | LJ                                     | DELETE                                     | 61 THLE                |                   |   |                   | Change          | Addition              |
| NAME<br>CYNCET ABORESO                     |  |                               |  |  | 6.2 NAME               | ADDDEGG           |   |                   |                 |                       |
| STREET ADDRESS                             |  |                               |  |  | 6.3 STREET             | - 1               |   |                   |                 |                       |
| CITY-ST-ZIP                                | <del></del>                            |                               |  |  | 6.4 CITY - S           | 1-ZIP             |   | ·                 |                 |                       |

14. I hereby 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 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.

941-255-1047

**FILED** 

May 14 1998 8:00am

Secretary of State