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 # K05467

(1)

FILED Jan 20 1998 8:00am Secretary of State

Principal Place 2727 ULMERTO SUITE 230		Mailing Address 2727 ULMERTON ROAD SUITE 230 CLEARWATER FL - 94622 -	. 33762	DO NOT WRITE IN TH	
VOCAHINATEH		OPPRIMITE TO PROCE		3. Date Incorporated or Qualified	
			·····	12/01/1987	·
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #	f. elc.	Suite, Apt. #, etc.		59-2874023	Not Applicable \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	_ · ·
24	25 g. Name and Address of Curre	29 Int Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
CO1	OPER, MILLER M.		81 Name	10.	
	7 ULMERTON RD		82 Street Add	con (D.O. Boy N. mbor in Not Accontable)	
	220	_	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	RWATER FL 34822 3376		63		
			B4 City		85 Zip Code
				poration submits this statement for the purpose	
agent. I an	n familiar with, and accept the oblig Signature, typed or printed havid of registered as	gations of, Section 607.0505, Flo		tion's board of directors. I hereby accept the a	
12.		VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Ð				Observe Autoria
NAME	COORED MILLED M	DELETE	1.1 UTLE		Change Addition
CIDEET ADDOCCO	COOPER, MILLER M.		1.2 NAME		Change Addition
STREET ADDRESS	2727 ULMERTON RD STE 2	30	1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		30	1.2 NAME		Change Addition
CITY-ST-ZIP	2727 ULMERTON RD STE 2	30 6 2.	1.2 NAME 1.3 STREET ADDRESS 1.4 CTTY - ST-ZIP		
CITY-ST-ZIP	2727 ULMERTON RD STE 2	30 6 2.	1.2 NAME 1.3 STREET ADDRESS 1.4 CTTY - ST - ZIP 2.1 TITLE		
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14. Thereby cortify 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fursition on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attrichment with an address.

CICNIATUDE

1-7-98

(813) 556-0220