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 # K08167

(4)

MARKET SHARE REPORT, INC.

FILED
May 14 1998 8:00am
Secretary of State

(941) 627-0623

CH CD



Principal Place of Business Mailing Address			I HARFIGHII OH GARFAI ERFFI HEAFA DIFFI I	BEI DIBIK BEBII DIBI		0101 460	
22364 NYACK AVE PORT CHARLOTTE FL 33952 US 22364 NYACK AVE PORT CHARLOTTE FL 33952 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
				12/21/1987			İ
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	26			65-0028392		No	t Applicable
Suite, Apt. #, etc	Suite. Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible			
24 25	29	30] No
9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Age	nt	
rada b augh, ella m.		8	1 Name				
22364 NYACK AVE. PORT CHARLOTTE FL 33952	NYACK AVE. 82 Street Add			ress (P.O. Box Number is Not Acceptable)			
1 5111 5111 E 11 E 0000E		8	3				
		8	4 City		FL ⁸	5 Zip (Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statu	ites the abo	ve-named corn	oration submits this statement for the		noina it	e registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of Florida. Such change was	authorized I	by the corporati	ion's board of directors. I hereby acci	ept the appoint	ment as	registered
SIGNATURE Signature typed or printed name of registered age:	and the dample of the Oliver	II. Popistored A	gent signature require	ad when referration	DATE		
12. OFFICERS AND		13.	gont signators regard	ADDITIONS/CHANGES TO OFF		RECTOR	S IN 12
TITLE PSD	DELETE	1.1 TITLE	··· 1 ·	3,00,00,00,00,000		Change	Addition
NAME RADABAUGH, ELLA M.		1.2 NAME	:				
STREET ADDRESS 22364 NYACK AVE	1.3 STREET ADDRESS						
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 CITY	ST-ZIP				
TITLE	DELETE	2.1 TITLE				Change	☐ Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP		2. 4 CITY	- ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME		3.2 NAMI					İ
STREET ADDRESS		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	·····	3 4. CITY		······································			
TITLE	☐ DELET E	4.1 THLE				Change	Addition
NAME		4. 2 NAM	· .				
STREET ADDRESS			ET ADDRESS				
CITY-ST-ZIP	I pereze	4.4 CITY-ST-ZIP				01	1 4 4 4 9 1 1
TITLE	☐ DELETE	5.1 TITLE				Change	Addition
NAME		5.2 NAME					
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP	☐ DELETE	5.4 CITY-				Change	Addition
TITLE	ן שנינונ	6.1 TITLE			L	onange	☐ Addition
NAME OVEREZ ADDOCCE		6.2 NAME					
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP 14. Phereby certify that the information supplied with	h this filma does not qualify	6.4 CITY-		Section 119.07(3)(i) Florida Statutes	I further certify	that the	information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in section 119.07(5)(), Florida Statutes. Floriner 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

4/30/98