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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K14745

(9)

FILED Apr 24 1998 8:00am Secretary of State

4-16-98

813-577-1557

Principal Place of Business Mailing Address 800 4TH ST. N. SUTE 2N. SUTE
BECH 4TH ST N STE 2M ST. PETERSBURG FL 33702 US SUITE 2M ST. PETERSBURG FL 33702 US SUITE 2M
SITE 204 SIT. PETERSBURG FL 33702 US SIT. PETERSBURG FL 33
ST. PETERSBURG FL 33702 US ST. PETERSBURG FL 33702 US 3. Date Incorporated or Qualified 01/29/1988 4. FEI Number Applied For Not Applied For St. Petersburg FL 33702 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State 28 Zip Country St. Petersburg FL 33702 29 20 20 Country St. Petersburg FL 33702 20 Suite, Apt. #, etc. 21 City & State City & State City & State 28 Zip Country St. December of Status Desired Fee Required Fee Req
2. Principal Place of Business
2. Principal Piaco of Business
Suite, Apt. #, etc. Status Desired Status D
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Sea. 75 Additional Pee Required Fee Required Sea. 27 Sea. 28 Sea.
City & State City & State City & State City & State State City & State City & State City & State Sta
City & State City & State City & State City & State 23
Zip Country Zip Country Zip Country Zip Signature
24
RYAN, MICHAEL THOMAS 8601 4TH ST. N., SUTE 204 ST. PETERSBURG FL 33702 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City 84 City 85 Zip Code 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familier with, and accept the obligations of Socion 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PST NAME RYAN, MICHAEL THOMAS 12 NAME RYAN, MICHAEL THOMAS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 City 14 City-S1-Zip TITLE VPD DELETE 21 TITLE VPD DELETE 22 NAME 22 NAME Additional Additional Additional Additional Agents and Additional A
8801 4TH ST. N., SUITE 204 ST. PETERSBURG FL 33702 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
8801 4TH ST. N., SUITE 204 ST. PETERSBURG FL 33702 82 Street Address (P.O. Box Number is Not Acceptable) 83
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: byted or prefer familiar byte of prefer familiar byte of prefer familiar byte of prefer familiar byte of prefer familiar byte or prefer familiar byte of prefer
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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE SI
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PST ITILE ITILE PST ITILE I
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 agent 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. SIGNATURE Signature, typied or profed name of registered agent and bitle if applicable. INOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PST DELETE 1.1 TITLE Change Additionable 1.2 NAME STREET ADDRESS SRP SHORES ACRES BLVD 1.3 STREET ADDRESS CITY-SI-ZIP ST. PETERSBURG FL 1.4 CITY-SI-ZIP TITLE VPD DELETE 2.1 TITLE LAVELLE-RYAN, VICKIE LYN STREET ADDRESS SRP SHORES ACRES BLVD 2.2 NAME STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-SI-ZIP TITLE D DELETE 3.1 TITLE Change Additionable Additionable 1.2 NAME STREET ADDRESS CITY-SI-ZIP ST. PETERSBURG FL 2.4 CITY-SI-ZIP TITLE D Change Additionable 1.2 NAME 3.2 NAME RYAN, MICHAEL THOMAS 3.2 NAME
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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed human of registered agent and title of applicable. INOTE Bogstered Agent signature required when reinstating.) DATE
SIGNATURE Signature Signa
Signature Typed or protect name of requisitant algorit and title of applicable INOTE Registered Agent algorithm required when reinstating) DATE
TITLE PST DELETE 1.1 TITLE Change Addition NAME RYAN, MICHAEL THOMAS 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE 2.2 NAME 1.3 STREET ADDRESS 2.3 STREET ADDRESS 3876 SHORES ACRES BLVD 2.3 STREET ADDRESS 3876 SHORES ACRES BLVD 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE D Change Addition NAME RYAN, MICHAEL THOMAS 3.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition NAME RYAN, MICHAEL THOMAS 3.2 NAME
NAME RYAN, MICHAEL THOMAS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL TITLE VPD DELETE 2.1 TITLE NAME LAYELLE-RYAN, VICKIE LYN STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 2.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D Change Addition Change Change Addition Change C
STREET ADDRESS 3876 SHORES ACRES BLVD 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
ST. PETERSBURG FL
TITLE
STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL Z 3 STREET ADDRESS 2 4 CITY-ST-ZIP TILLE D Change Addition RYAN, MICHAEL THOMAS Z 1 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP Change Addition 3 2 NAME
City-S1-ZiP ST. PETERSBURG FL 2.4 City-S1-ZiP TIILE D DELETE 3.1 TITLE Change Additional Addition
TILE D DELETE 3.1 TITLE Change Addition
NAME RYAN, MICHAEL THOMAS 32 NAME
STREET ADDRESS 3876 SHORES ACRES BLVD. 33 STREET ADDRESS
CITY-ST-ZIP ST. PETERSBURG FL 34. CITY-ST-ZIP
TITLE DELETE 41 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
Crity-S1-ZIP 44 City-S1-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE DELETE 61 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-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 informatio 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