## 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 #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

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24

Zip

K53374

2a. Mailing Address

City & State

27

28

Suite, Apt. #, etc.

SUSAN M. MOORE, P.A.

Principal Place of Business	Mailing Address
4520 15TH ST., N. ST. PETERSBURG FL 33703	4520 15TH ST., N. ST. PETERSBURG FL 33703

Country

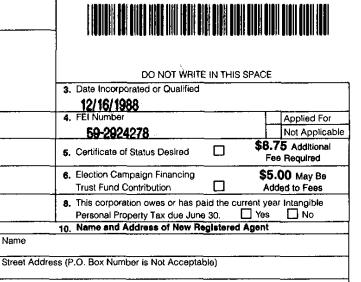
9. Name and Address of Current Registered Agent

25

ST. PETERSBURG FL 33703

MOORE, WILLIAM L. 4520 15TH ST., N.

## **FILED** Feb 27 1998 8:00am Secretary of State



Zip Code

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

Country

81 Name

62

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City

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agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	agistered Agent signature	required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	DELETE	1.1 TITLE		☐ Change	Addition		
NAME	MOORE, SUSAN M.		1.2 NAME					
STREET ADDRESS	4520 15TH ST., N.		1.3 STREET ADDRESS		•			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP					
TITLE		DELETÉ	2.1 TITLE	\(\frac{1}{2}\)	☐ Change	Addition		
NAME	MOORE, WILLIAM L.		2.2 NAME					
STREET ADDRESS	4520 15TH ST., N.		2.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP					
TITLE		DELETE	31 TITLE		Change	Addition		
NAME			32 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME	,		4.2 NAME	·		J		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
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			-		
STREET ADDRESS			6.3 STREET ADDRESS			}		
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. Thereby 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 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.

Sugar M. Man- Z/10/93