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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 29 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT #	K58474		(3)						
	ASING - 2, INC.			, ,						
Principal Plac	ce of Business	·	Mailin	g Address					OF OFFICE OFFI	
880 CARILLON PKWY 880 CARILLON PKWY										
P. O. BOX 12749 P. O. BOX 12749 P. O. BOX 12749					202 2740			DO NOT WRITE IN THIS SPACE		
ST. PETERSBURG FL 33733-2749 ST. PETERSBURG FL 337					1730-2149			3. Date Incorporated or Qualified		
								01/13/1989		
2. Principal Place of Business 2a. Mailing Add					S				oplied For	
21		26					<b>59-2927648</b> N	ot Applicable		
<b></b>				Suite, Apt. #, etc.					Additional	
City & Sta	•	City & State				<del></del>	equired			
23		28						May Be to Fees		
Zip	Cou	<del>-</del> → `	ZipCou				8. This corporation owes or has paid the current year in	tangible		
25 29 29 29 20 Name and Address of Current Registered Agent					30			Personal Property Tax due June 30F I LEDYeBY PARENT  10. Name and Address of New Registered Agent COMPANY		
0/		areas or Content	rogistere	u Agent	E	31	Name	10. Haine and Moness of Heat Leadistered Many	JEPANI	
ROSS, J. CARY, JR. ONE TAMPA CITY CENTER, STE. 2700						1				
201 N. FRANKLIN ST.					\*	32	Street Add	dress (P.O. Box Number is Not Acceptable)	,	
TAMPA FL 33602					8	13			·············	
TAMENTE GOODE					ļ.,	34		FL 85 Zip Code		
					l°	"	City			
office or	to the provisions of S registered agent, or b am familiar with, and a	oth, in the State of	Florida S	Such change was	authorized.	bv	the corpora	rporation submits this statement for the purpose of changing a atton's board of directors. I hereby accept the appointment as	ts registered registered	
SIGNATURE		,							}	
	Signature, typed or printed in					Agen	per erule/gia l	uired when reinstating) DATE		
12.	T DV	OFFICERS AND	DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition	
NAME	MCDONALD, JO	HW M		LJ beccie	1.2 NAM		j	- Vitaligo		
STREET ADORESS	880 CARILLON					ADDRESS		}		
CITY-ST-ZIP	ST.PETE. FL				1.4 CITY-ST-ZIP					
TITLE	AS 1L			DELETE	2.1 TITU	_		Change	Addition	
NAME	PALSHA, GRAC	2.2 %			2.2 NAME					
STREET ADORESS	880 CARRILLON	2.3 ST			ET A	NDDRESS		ļ		
CITY-ST-ZIP	ST. PETE, FL				2 4 CIT	/ - S1	T-ZIP			
TITLE	PD	F4000* "		☐ DELETĒ	3.1 TITLE		{	☐ Change	Addition	
NAME	MOSBY, J. DAVENPORT, III 880 CARILLON PKWY.				3.2 NAM		200506		İ	
STREET ADORESS	ST. PETERSBURG FL				•		ADDRESS		1	
CITY-ST-ZIP TITLE	ST	NO FL	<del></del>	DELETE	3.4. CITY 4.1 TITLE		- ZIP	Change	Addition	
NAME	KLEINRICHERT,	CHRISTA			4. 2 NAN		1			
STREET ADDRESS	880 CARILLON	PKWY					ADDRESS			
CITY-ST-ZIP	ST. PETERSBUI				4.4 CITY		1		}	
TITLE				DELETE	5.1 TITLE	_		☐ Change	Addition	
NAME	}				5.2 NAM	E	ĺ		\	
STREET ADDRESS					5 3 STRE	ET A	ODRESS			
CITY-ST-ZIP					5.4 CITY	-ST	-ZIP			
TITLE	ļ			DELETE	6.1 TITLE			☐ Change	Addition	
NAME					6.2 NAM				ļ	
STREET ADDRESS					63 STRE		- 1		ŀ	
CITY-ST-ZIP	Certify that the informs	tion Supplied with	this filing	does not qualify f	6.4 City or the exem			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 or an attachment with an address.

J Davenport Mosby, III 4/15/98