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

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C	ecrets	arv of	State
9	COICI	ıı y Oı	State

FILED

Feb 19 1998 8:00am

	1000			-	
1. Corporatio		- \ \ - <i>\</i>			
FLORIL	DA MEMBERSHIP SERVICES	, INC.		e industria dia divida cidar esde esde esde dedicada de la bida distribuida di	n. d eller d eller geler (då)
Principal Plac	e of Business	Mailing Address		II B ioii afai) ofoil ibai	
2270 DREW STREET, STE B 2270 DREW STREET, STE B					
	P O BOX 7768 P O BOX 7768			DO NOT WRITE IN THIS SPA	iCE
CLEARWATE	H FL 34625	CLEARWATER FL 34625		3. Date Incorporated or Qualified	TOL
ĺ				01/31/1989	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0096159	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional Fee Required	
22 27 City & State City & State			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 current	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Age	ont
	ELSEY, WILLIAM C 36 VALLEY RANCH DRIVE			GREGSON, STEPHEN J.	·
	TZ FL 33549		82 Street Ac	odress (P.O. Box Number is Not Acceptable)	
	12 12 33010		83		
			84 City	/ 1 1 1	5 Zip Code _
			5	action than box FL	34695
11. Pursuant office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State (and 607.1508, Florida Statu of Florida, Such change was	tes, the above-named co authorized by the coroo	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appoint	anging its registered ment as registered
agent I a	im familiar with, and accept the obliga	tions of, Section 607.0505, FI	lorida Statutes.	0	00
SIGNATURE	Signature types or print of name of regularized agen		TE: Registered Agent signature re		<u>198</u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	VD	DELETE			Change Addition
NAME	KELSEY, WILLIAM C.		1.2 NAME	Bethy L. Gregson 354 Steman Blud.	
STREET ADDRESS	3436 VALLEY RANCH DRIVE		1.3 STREET ADDRESS	steanwaren. Florida 33764	
CITY-ST-ZIP	LUTZ FL PD	DELETE	ALTER 3	· K	Change Addition
TITLE NAME	GREGSON, STEPHEN J.	☐ DECEN	2.1 TITLE V	Frank E. GREGSON	Cuands Prodution
STREET ADDRESS	2223 WINDSONG COURT		2.3 STREET ADDRESS	16029 Redivision Prive	
CITY-ST-ZIP	SAFETY HARBOR FL		2. 4 CITY-ST-ZIP	FINOTHY E. GREGSBU 16029 Redivision Brive Redivision Beach, FG. 3370	8
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- I priett	3.4. CITY - \$T - ZIP		06
TITLE		☐ DELETE	4 1 TITLE	П	Change Addition
NAME CYCET ADDRESS			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 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 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 of distance 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 altachment with an address.

SIGNATURE:

STEPHENT, GRE

s. 2/18/98

(813) 725-2909