CO	PROFIT RPORATION UAL REPORT 1998	NG FEE AFTE	FLORIDA DEPAI Sandra I Secreta	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Jan 29 1998 8:00am Secretary of State				
1. Corporate	on Name	<91677 AGEMENT, INC.	(0)							
Principal Place of Business RAYBURN, LAURA J. 1969-BAYSHORE-BLVD: DUNEDIN FL-34696- US Mailing Address 352 WESTWINDS DR. PALM HARBOR FL 34683 US							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/31/1989			
2. Principal f	Place of Business		. Mailing Address				4. FEI Number		A	oplied For
21 I F J	PROPERTY	MGMT, IUC 26					59-2956618		N	ot Applicable
Suite, Apt 22 40,341		SUITE 201 27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	te	28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 3468	SO COU	ntry	Zip	Cou	ntry		8. This corporation owes or has pa			
24 346	- /	1NELLAS 29		30			Personal Property Tax due June			No
		dress of Current Regi	stered Agent		81	Name	10. Name and Address of New Re	gistered Agen	t	
	EZER, STEVEN H. F			L		1 vaile				
1212 COURT STREET SUTIE B					82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
	EARWATER FL 346	HE		ŀ	83					
QL.	EANVIAIER FL 340	710		L						
					84	City		FL 85	Zip	Code
11. Pursuant office or agent. I a	to the provisions of S registered agent, or b am familiar with, and a	ections 607,0502 and 6 oth, in the State of Flor occept the obligations o	607.1508, Florida Statut ida. Such change was a of, Section 607.0505, Flo	es, the ab authorized orida Statu	ove-i d by t utes.	named cor he corpora	poration submits this statement for the pation's board of directors. I hereby accel		nging it ient as	s registered registered
SIGNATURE	Signature, typed or printed in	ame of registered agent and little	e if applicable (NOT	F: Benistered	l Anent	sionature requ	ired whon reinstating)	DATE	_	
12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICERS AND DIRE	THE PARTY OF THE P	13.	- Hgent	asgriculare requ	ADDITIONS/CHANGES TO OFFIC		CTOF	S IN 12
TITLE	D	*****	☐ DELETE	1.1 TIT	LE				hange	Addition
NAME	KARAGIANIS, IF			1.2 NA	ME				,	
STREET ADDRESS	352 WEST WINI			1.3 ST	REET AE	DRESS			-	
CITY - ST - ZIP	PALM HARBOR	FL		1.4 CIT	Y-ST-	ZIP				
TITLE			☐ DELETE	2.1 TITLE		1			hange	☐ Addition
NAME				2.2 NA	ME					
STREET ADDRESS				1	REET AC		-	£		
CITY-ST-ZIP TITLE	1		DELETE		TY-ST-	ZIP			h-n-r-	- Carallian
NAME				3.1 TITLE 3.2 NAME			∐ 0	Hange	Addition	
STREET ADDRESS				•	REET AD	npree				
CiTY-ST-ZiP										
TITLE					3.4. CITY-ST-ZIP 4.1 TITLE				hange	Addition
NAME				4. 2 NA					-	
STREET ADDRESS				4.3 STR	REET AD	DRESS				
CITY-ST-ZIP				4.4 CIT	Y-\$7-7	ZIP				
TITLE			DELETE	5.1 T/T	LE				hange	Addition
NAME		•		5.2 NA						
STREET ADDRESS				5.3 STR						
CITY-ST-ZIP			☐ DELETE	5,4 CIT		IP I		·		4.4.441
TITLE	1		1 (1):11:11:11	6.1 TITL	I F			110	hange	Addition

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 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. Own of Wall BE BEQUIRED

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

1-21-98 813-942-4755

Change Addition