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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED	
Feb 20 1998 8:00an	1
Secretary of State	

Principal Place of Business  ### 470 N. HABAMA AVENUE STE 602  TAMPA FL 38814  ### 1 38814  ###
STE 602 TAMPA FL 33614  TAMPA FL 33614  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3. Dat
STE 602 TAMPA FL 33614  TAMPA FL 33614  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3. Dat
2. Principal Place of Business
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   2. Suite, Apt. #, etc.   Suite, Apt. #, etc.   3. Suite, Apt. #, etc.   Suite, Apt. #, etc.   3. Suite, Apt. #, etc.   Suite, Apt. #, etc.   3. Cry & State   City & State   3. Cry & State   City & State   3. Country   Zip   Country   3. Country   B. This corporation owns or has paid the current year Inaugible   3. Personal Property Tax due June 30.   % for   3. Name and Address of Current Registered Agent   3. Name and Address of Current Registered Agent   4. FEI Number   Status   5. Contificate of Status Desired   \$8.75 Additional   5. Contribution   Added to Fees   5. CARLTON, FIELDS, WARD, EMMANUEL ONE HARBOUR PLACE   5. CARLTON, FIELDS, WARD, EMMANUEL ONE HARBOUR PLACE   5. CARLTON, FIELDS, WARD, EMMANUEL ONE HARBOUR PLACE   5. Street Address (P.O. Box Number is Not Acceptable)   5. Street Address
22. Mailing Address   2a. Mailing Address   4. FEI Number   Applied For So-2970216   Not Applicable   Solite, Apt. #, etc.   59-2970216   Not Applicable   Solite, Apt. #, etc.   59-2970216   Solite, Apt. #, etc
28   Suite, Apt. #, etc.   S. Certificate of Status Desired   Se. 75 Additional Fee Required City & State   Status Desired   See Required Fee Required Fee Required Pees Added to Fees   Pees Required Fee Required Fees Fees Fees Fees Fees Fees Fees Fe
Suite, Apt. #, etc  22   27   City & State  23   City & State  24   City & State  25   Country   Country   Country   State   S
City & State  Country  Country  Country  Exp  Exp  Exp  Country  Exp  Exp  Exp  Country  Exp  Exp  Exp  Country  Exp  Exp  Exp  Exp  Exp  Exp  Exp  Ex
28
Zip Country Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
25   29   30   Personal Property Tax due June 30   Yes   No
KINSOLVING, LAURENCE E % CARLTON, FIELDS, WARD, EMMANUEL ONE HARBOUR PLACE TAMPA FL 33602  81
**SCARLTON, FIELDS, WARD, EMMANUEL ONE HARBOUR PLACE TAMPA FL 33602  ***B2** Street Address (P.O. Box Number is Not Acceptable)  ***B3** Address (P.O. Box Number is Not Acceptable)  ***TAMPA FL 33602  ***B4** City** FL 85 Zip Code  ***TAMPA FL 33602  ***TAMPA FL 33614  ***TAMPA
ONE HARBOUR PLACE TAMPA FL 33602  83  84
TAMPA FL 33802    84
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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12  11. TITLE  PD  DELETE  1.1 TITLE  PD  Change Addition  NAME  HOLLIDAY, JAMES A MD  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33614  1.4 CITY-ST-ZIP  TITLE  VPD  DELETE  2.1 TITLE  Change Addition  AMME  BRANNAN, ANTHONY N MD  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33614  2.4 CITY-ST-ZIP  TAMPA FL 33614  2.4 CITY-ST-ZIP  TAMPA FL 33614  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33614  3.3 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33614  3.4 CITY-ST-ZIP  TAMPA FL 33614  3.4 CITY-ST-ZIP  TAMPA FL 33614
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SIGNATURE    Signature: typed or printed name of registered agent and little # applicable   (NOTE Registered Agent alignature required when reinetating)   DATE
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Signature: typed or printed name of registered apent and left of applicative  12. OFFICERS AND DIRECTORS IN 12  DILE PD DELETE 1.1 TITLE NAME HOLLIDAY, JAMES A MD STREET ADDRESS CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE VPD DELETE 2.1 TITLE VPD DELETE 2.1 TITLE SD DELETE 3.1 TITLE VPD DELETE 3.1 TITLE VPD DELETE 3.1 TITLE SD DELETE 3.1 TITLE VPD DELETE 3.1 TITLE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP         TAMPA FL 33614         1.4 CITY-ST-ZIP           TITLE         VPD         DELETE         2.1 TITLE         Change         Addition           NAME         DIACO, JOSEPH F MD         2.2 NAME         STREET ADDRESS         4700 N. HABANA AVE., #403         2.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         2.4 CITY-ST-ZIP         Change         Addition           NAME         BRANNAN, ANTHONY N MD         3.2 NAME         3.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP
TITLE         VPD         DELETE         2.1 TITLE         Change         Addition           NAME         DIACO, JOSEPH F MD         2.2 NAME
NAME         DIACO, JOSEPH F MD         2.2 NAME           STREET ADDRESS         4700 N. HABANA AVE., #403         2.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         2.4 CITY-ST-ZIP           TITLE         SD         DELETE         3.1 TITLE         Change         Addition           NAME         BRANNAN, ANTHONY N MD         3.2 NAME         3.2 NAME           STREET ADDRESS         4700 N HABANA AVE #201         3.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP
STREET ADDRESS         4700 N. HABANA AVE., #403         2.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         2.4 CITY-ST-ZIP           TITLE         SD         DELETE         3.1 TITLE           NAME         BRANNAN, ANTHONY N MD         3.2 NAME           STREET ADDRESS         4700 N HABANA AVE #201         3.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP
CITY-ST-ZIP         TAMPA FL 33614         2.4 CITY-ST-ZIP           TITLE         SD         DELETE         3.1 TITLE         Change         Addition           NAME         BRANNAN, ANTHONY N MD         3.2 NAME         3.2 NAME           STREET ADDRESS         4700 N HABANA AVE #201         3.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP
NAME BRANNAN, ANTHONY N MD 3.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 3.4 CITY-ST-ZIP  3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STREET ADDRESS         4700 N HABANA AVE #201         3.3 STREET ADDRESS           CITY-ST-ZIP         TAMPA FL 33614         3.4 CITY-ST-ZIP
CITY-ST-ZIP TAMPA FL 33614 3.4. CITY-ST-ZIP
TIFLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
1
NAME 5 2 NAME STREET ADDRESS 5 5 3 STREET ADDRESS 5
CITY-ST-ZIP 5.4 CITY-ST-ZIP
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition
CITY-ST-ZIP 5.4 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 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 in an attachment with an address.

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