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**PROFIT** CORPORATION ANNUAL REPORT

1998

DOCUMENT # L30471



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

## **FILED** Mar 06 1998 8:00am Secretary of State

	, INC.					
Principal Place of Business	Mailing Address			-	BIBSE BIBII DIDII DEDIE DIBIE DI	B) ( 183)
C/O ROBERT S. TRINKLE 102 NORTH 20TH STREET TAMPA FL 33605		C/O ROBERT S. TRINKLE 102 NORTH 20TH STREET TAMPA FL 33605		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
				11/17/1989		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Appl	ied For
21	26			59-2980245	Not /	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>-</del>			\$8.75 Ad	ditional
22	27			5. Certificate of Status Desired	Fee Requ	uired
City & State	City & State			6. Election Campaign Financing	\$5.00 M	
23	28			Trust Fund Contribution	Added to	
Zip Country	Zip   <sub>1</sub>	Country		8. This corporation owes or has paid		
24 25	[29]	30		Personal Property Tax due June 3  10. Name and Address of New Reg		NO
g, Name and Address of Cur	rent Hegistered Agent	81	Name	10. Name and Address of New Reg	listered Agent	
TRINKLE, ROBERT S.		[61]	INditio			
102 NORTH 20TH STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
TAMPA FL 33605		83				
		55				
		84	City		FL 85 Zip Co	de
44 Pursuant to the provisions of Sections 607.	2502 and 607 1508 Florida State	utos the above	named corpo	oration submits this statement for the nu	rnose of changing its	registered
office or registered agout, or both, in the St	ale of Florida, Such change was	s authorized by	the corporation	on's board of directors. I hereby accept	t the appointment as re	gistered
ones of regime ex agent of real, in the ci						
<ol> <li>Pursuant to the provisions of Sections 607.0         office or registered agent, or both, in the St         agent. I am familiar with, and accept the office.</li> </ol>	oligations of Section 607.0505, I	Florida Statutes	i.	•		
SIGNATURE						
SIGNATURE Signature: typied or profest rapide of registered	lagand and tate danger about the kinga N	OTE Registered Ages		of when reinstaling)	DATE	
SIGNATURE Signature, typical or product range of registered					DATE	
SIGNATURE Signature, lyaned or product name of registered  12. OFFICERS.  TITLE D	Ligand and little if approvable (NC AND DIRECTORS	OTE Registered Ages		of when reinstaling)	DATE ERS AND DIRECTORS	IN 12
SIGNATURE  Signature: typed or printed name of registered  12. OFFICERS.  TITLE D  SWINDLE, EDWARD	Ligand and little if approvable (NC AND DIRECTORS	OTE Registered Ages 13. 1.3 TITLE	nt signature require	of when reinstaling)	DATE ERS AND DIRECTORS	IN 12
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SIGNATURE  Signature: typed or printed name of registered  12. OFFICERS.  TITLE D  SWINDLE, EDWARD	Ligand and little if approvable (NC AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	of when reinstaling)	DATE ERS AND DIRECTORS Change	IN 12
SIGNATURE  Signature: hypired or printed reserve of repotents  12. OF FICE RS.  TITLE D  NAME SWINDLE, EDWARD  STREET ADDRESS ROUTE 2, BOX 532  CRY-S1-2IP DOVER FL	nge of good bett of dangere about 1986 AND DIRI CTÓRS ☐ DHETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature require	of when reinstaling)	DATE ERS AND DIRECTORS Change	IN 12
SIGNATURE  Signature: Ispace or pointed resonated togethered  12. OF FICE RS.  TITLE D  SWINDLE, EDWARD  ROUTE 2, BOX 532  DOVER FL  TITLE D	nge of good bett of dangere about 1986 AND DIRI CTÓRS ☐ DHETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST	nt signature require ADDRESS 1- ZIP	of when reinstaling)	DATE ERS AND DIRECTORS Change	IN 12
SIGNATURE  Signature: Typied or pointed rations of trapeters.  12. OF FICE RS.  TITLE D SWINDLE, EDWARD ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, MYRTLE LOU	nge of good bett dingere abis (Ne AND DIRI CTÓRS ☐ DHETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS ADDRESS	of when reinstaling)	DATE ERS AND DIRECTORS Change	IN 12
SIGNATURE  Signature: Ispeed on pointed resonated trapelers.  12. OF FICERS.  TITLE D SWINDLE, EDWARD ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, MYRTLE LOU ROUTE 2, BOX 532  CITY-ST-ZIP DOVER FL  TITLE D SWINDLE, MYRTLE LOU ROUTE 2, BOX 532  DOVER FL  TITLE D DOVER FL  TITLE D DOVER FL	nge of good bett dingere abis (Ne AND DIRI CTÓRS ☐ DHETE	13. 1.3 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET.	ADDRESS ADDRESS ADDRESS	of when reinstaling)	DATE ERS AND DIRECTORS Change	IN 12
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SIGNATURE  12. OF LICERS.  TITLE D SWINDLE, EDWARD ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, MYRTLE LOU ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, MYRTLE LOU ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, MYRTLE LOU ROUTE 2, BOX 532 DOVER FL  TITLE D SWINDLE, RODNEY E SWINDLE, RODN	Ange of good toto of angers white CTORIS  DETETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-S1 2.1 TITLE 2.2 NAME 2.3 STREET. 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET. 3.4 CITY-S 3.4 CITY-S 3.4 CITY-S	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS	of when reinstaling)	DATE  ERS AND DIRECTORS  Change  Change	IN 12 Addition Addition Addition
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indicated on this annual report or supplied with this ining coors not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplicing that it is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.