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

**PROFIT** CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L38326 DEBORAH C. FLANAGAN, O.D., P.A.

(9)

## **FILED** May 04 1998 8:00am Secretary of State

% DYRIL L. 1 2914 FIRST	AVENUE NORTH	Mailing Address % DYRIL L. FLANAGAN 2914 FIRST AVENUE NO			DO NOT WRITE IN TH	
81 PETENSE	WRG FL 33713	ST PETERSBURG FL 33	713		3. Date incorporated or Qualified 12/26/1989	IS SPACE
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number 59-3008682	Applied For Not Applicable
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State	1 2		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curren	Zip 29	Counti	<del></del>	This corporation owes or has paid the Personal Property Tax due June 30.     Name and Address of New Registers	Yes No
		r vedintelen Wästit	8.	Name	10. Name and Address of New Registers	od Agent
FLANAGAN, DYRIL L 2950 5TH AVENUE NORTH ST PETERSBURG FL FL 33713			6:		dress (P.O. Box Number is Not Acceptable)	
اد	PETERSOUNG PL PL 33713		8:	<del> </del>		
			84	City	F	85 Zip Code
11. Pursuant office or agent to					reporation submits this statement for the purpose alion's board of directors. I hereby accept the a	
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	pent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	FLANAGAN, DEBORAH C		1.2 NAME			<b>Z</b>
STREET ADDRESS	2914 FIRST AVENUE NORTH		1.3 STREE	T ADDRESS		ND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-	ST-ZIP		<u></u>
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ☐
NAME			2.2 NAME	ľ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	DELETE		2.4 CITY 3.1 TITLE	- ST- ZIP		☐ Change ☐ Addition
NAME			32 NAME			
STREET ADDRESS	ļ			T ADDRESS		1
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
FITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAMI	·   ·		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		Theire	4.4 CITY-	ST-ZIP		Charge Addition
TITLE	1	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME ATREET ARRESTOR			5.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	91 - ZIP		Change Addition
1	1		<b>=</b>			

6.3 STREET ADDRESS

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 altachment with an address.