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

DOCUMENT #

(6)

DONA	LD SHULMAN & ASSO	CIATES, INC.				
Principal Pla	ce of Business	Mailing Address		L 18 Distall bit Broat Billie Broat libba te	itt minte nibit dinti dini dini	Til Billi (A.D.)
6657 31ST WAY \$ 6657 31ST WAY \$ ST PETERSBURG FL 33712 ST PETERSBURG FL 33712 US US			2	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
A 635-1 1	Di			01/22/1990		
	Place of Business	2a. Mailing Address		4. FEI Number	- 	pplied For
Suite, Ap	1 # Ala	26 Suite, Apt. #, e tc.		<u>59-2987134</u>		lot Applicable
22	ι. π, οισ.	27		5. Certificate of Status Desired	4 1 7 -	Additional Required
City & Sta	ale	City & State		6. Election Campaign Financing) May Be
23		28		Trust Fund Contribution		l to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24	25	29	30	Personal Property Tax due June		□Ño
	g, Name and Address of	Current Registered Agent		10. Name and Address of New Re	gistered Agent	
	H ulma n, Donald		81 Name			
	857 31 ST WAY S		82 Street Add	ress (P.O. Box Number is Not Accepted	ole)	
S'	T PETERSBURG FL 33712					
			83			
			84 City		85 Zip	Code
dd Durauan	Lto the provisions of Contant	207 0502 and 207 1500 Florido Platido	the obour proportion	reportion automite this statement for the	FL S E	ita ragiatarad
office or agent. I	registered agent, or both, in the am familiar with, and accept the	e State of Florida Such change was a e obligations of, Section 607.0505, Flor	uthorized by the corpora rida Statutes.	poration submits this statement for the pation's board of directors. I hereby accert	pt the appointment as	s registered
SIGNATURE	Signature, typed or printed name of rege	Joned areast agristic il producable (NOTE	: Registered Agent signature requ	used when reinstaling)	DATE	
12.		RS AND DIFFICTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1 1 1/1LE		☐ Change	☐ Addition
NAME	SHULMAN, DONALD C.	•	1.2 NAME			
STREET ADDRESS	6657 31ST WAY ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 1111€		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	31 TITLE	•	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		p=1 op. 2=-	3.4. CITY - ST - ZIP			7
TITLE		☐ DELETE	4.1 THILE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS	8		4.3 STREET ADORESS			
CITY-ST-ZIP	 	DELETE	4.4 CITY - ST - ZIP		Channe	Additio =
TITLE		[_] DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	·		5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change	Addition
TITLE		_ buit	6.1 TITLE		L_ Crialiye	MUUIIIUII
NAME OTDEET ADDRESS			6.2 NAME			
STREET ADDRESS	· [6.3 STREET ADDRESS			

6.4 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 on an attachment with an address.

CITY-ST-ZIP

4/24/04

FILED

May 14 1998 8:00am

Secretary of State