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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L45919

(2)

NAUTILUS ENTERPRISES OF CENTRAL FLORIDA INC.

Pri	incipal Place	of Busines	Mailing Address	ı Address					41411 91411	41811 BIB1		1911 3881	
C/O JOSEPH STEPAN				C/O JOSEPH STEPAN									
				2196 HARBOR VIEW D DUNEDIN FL 34698-252					DO NOT WRITE	IN THIS	SPACE		
US				US			3. Date Incorporated or Qualified						
									01/23/1990				
2.	Principal Pi	ace of Busi	ness	2a, Mailing Address	a, Mailing Address				4. FEI Number			App	lied For
21				26				<b>59-2988733</b> Not Appl					
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, Apt. #, etc.				5. Certificate of Status Desired		<b>.</b>		ditional	
22	City & State			City & State	City & State						e Req		
23	City & State			28					Election Campaign Financing     Trust Fund Contribution			M <b>00</b> . of beb	
23	Zip					Country			8. This corporation owes or has pa				
24	•		25	29	30	•			Personal Property Tax due June		Yes	, K	·
المنتا	9. Name and Address of Current Registered Agent								10. Name and Address of New Ro				
STEPAN, JOSEPH							N	ame					
2196 HARBOR VIEW DRIVE						82 Street Add			ss (P.O. Box Number is Not Acceptal	ble)			
DUNEDIN FL 34698					83				· · · · · · · · · · · · · · · · · · ·		<del> </del>		
				[*									
						84		ity		FI	85	Zip Co	ode
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S</li> </ol>							e-na	med corpo	ration submits this statement for the		f changi	na its	registered
	office or re	egistered a	gent, or both, in the State of	of Florida, Such change wa	s authoriz	ed by	y the	corporation	n's board of directors. I hereby acce	pt the app	ointmen	t as re	gistered
	GNATURE	A COMMON A	in, and becopt the obliga	tions of, occiton con .godo,	· MIGG O	atutot	٠.						1
Signature, typed or printed name of registered agent and title II applicable (NOTE Register							ent siç	nature required	when rainstating)	DATE			
12			OFFICERS AND			<u> </u>		<del>-   -</del>	ADDITIONS/CHANGES TO OFFI	CERS AND		_	-
TIT	,	D	LICATON	DELETE 1.1 T							☐ Cha	nge	Addition
NAI			I, JOSEPH			1.2 NAME							ļ
ł	THEET ADDRESS 2196 HARBOR VIEW DRIVE TY-ST-ZIP DUNEDIN FL						T ADD	- 1					l
TITI	Y-ST-ZIP	VI	III FL	DELETE		1.4 CITY-SY-ZIP 2.1 TITLE					Cha	200	Addition
NA			I DODOTHY		2.2 NAME						igo		
1	WAE STEPAN, DOROTHY REET ADDRESS 2196 HARBOR VIEW DRIVE						2.3 STREET ADDRESS						Ì
ì	CATY-ST-ZIP DUNEDIN FL						2.4 CITY-ST-ZIP						
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	REET ADDRESS					STREET	r Ann	RESS					{
CITY-SI-ZIP					3.4. CITY - ST - ZIP								
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NAI	í					NAME		[			_	-	
	REET ADDRESS					STREET		RESS					
CITY-ST-ZIP					4.4 CITY-ST-ZIP		3					ŀ	
TIT	<del></del>			☐ DELETE		TITLE		<u> </u>			☐ Cha	nge	Addition
NAI	ME J				5.2	NAME		)					
STF	REET ADDRESS				5.3	STREET	r add	RESS					
						5.4 CITY-ST-ZIP							]
TIT	LE			DFLETE	6.1	TITLE					Cha	100	Addition

14. Thereby 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.

SIGNATURE:

Joseph Stepan, Director 3/18/98 (813) 738 42.82

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

72E034 (10/97)

**FILED** 

Mar 23 1998 8:00am

Secretary of State