## 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 #

(3)

## **FILED** Feb 13 1998 8:00am Secretary of State

ARMEN	nia professional Build	DING, INC.				
Principal Plac	ce of Business	Mailing Address			- 1 1001/014 DAU DANA DANDO AKUTA ODAJU FAUL CAULA	RICH GIBLE GIBLE GIBLE BIBLE 1881
14817 FARNI TAMPA FL 3:		14817 FARNHAM WA TAMPA FL 33624	14817 FARNHAM WAY TAMPA FL 33624			
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
2. Principal f	Place of Business	2a. Mailing Address	Mailing Address		03/27/1990 4. FEI Number	T lambar Far
21		26			Applied For Not Applicable	
Suite, Apt. #, etc.		State, Apt. #, etc.		59-2999843	\$8.75 Additional	
22		27		5, Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		Zip Country		Trust Fund Contribution	Added to Fees	
	Zip Country		Country		8. This corporation owes or has paid the	
24	25 25 Name and Address of Curr	29 29	[30]		Personal Property Tax due June 30.	Yes No
		an nafistalen Wilell	81	Name	10. Name and Address of New Register	еа Аделт
	AZ, JOHN J., JR	100	[3]			
1602 W. SLIGH AVENUE, SUITE 100			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33604		83			
			84	City		S5 Zip Code
1	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida S to of Florida. Such change v igations of, Section 607.050!	tatules, the above vas authorized by 5, Florida Statules	named corporate	oration submits this stalement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typod or printed name of registered a	igent and bite if applicable	(NOTE Rugistered Ager	il signature require	d when roinstating) DAT	IE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	·
TITLE	PST	DELE <b>te</b>	1.1 TrTLE			Change Addition
NAME	DIAZ, DORA		1.2 NAME			
STREET ADDRESS	14817 FARNHAM WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST	- 7IP		
TITLE	0	☐ DELETE	21 TITLE			Change  Addition
NAME	DIAZ, DORA		2.2 NAME			
STREET ADDRESS	14817 FARNHAM WAY		2 3 STREET A	ADDRESS		
CITY-ST-ZIP	TAMPA FL			I - ZIP		
TITLE NAME	VD NAZ IOCEDU	☐ DELETE	3.1 TITLE			Change Addition
STREET ADDRESS	DIAZ, JOSEPH 4628 N. ARMENIA AVE		3.2 NAME	Monree		
CITY-ST-ZIP	TAMPA FL		3.3 STREET A			
TITLE	IMICA FL	DELETE	3.4. CITY-ST 4.1 TITLE	1 - ZIP		Change Addition
NAME		_ 0	4.2 NAME			C Shoulde C Wealtfull
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST-			
TITLE		DELETE	5.1 TITLE	211		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY - ST-			
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			62 NAME			- —
STREET ADDRESS			6.3 STREET A	.DDRESS		
CITY-ST-ZIP			6.4 CITY - ST -			
	certify that the information supplied	with this filing does not quali			Section 119 07/3)(i) Florida Statutos I further	certify that the information

indicated on this annual report or supplied with this tilling doos not quality 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 chapter 607, Florida Statutes.