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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jan 23 1998 8:00am

_	1998		DIVISION OF CORPORATIONS					Secretary of State				
1. Corporation	AT INCILIE	L65963		(5)	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
VULUA	n services in	10.							d and toner han bless nation factor and each state	i Sibij 61813 B1691 B1	arr Besti (da)	
Principal Plac	e of Business		Mailing A	ddress	-				- I CHURCEL MED USER RELATION COLUMN 1991 ELDE	i 1886 Bill 1886 A	EN BIRNY LAND	
	T ALEXIS DR		P O BOX									
P C BOX 2003 TARPON SPINGS FL 34688				POST OFFICE BOX 2003 TARPON SPRINGS FL 34688					DO NOT WRITE IN THIS SPACE			
US	100 12 01000	US						3. Date Incorporated or Qualified				
								04/16/1990				
	face of Business		2a. Mailing	g Address					4. FEI Number		Applied For	
Suite, Apt.	# etc.		26 Suite	Apt. #, etc.					52-1679568	60 7E	Not Applicable Additional	
22]	<i>,,,</i> 5.51		27	, ipt, oto.					5. Certificate of Status Desired	,	Required	
City & Stat	e		City &	State					6. Election Campaign Financing	\$5.00	May Be	
23			28						Trust Fund Contribution	Added	to Fees	
Zip		untry	Zip			entry			8. This corporation owes or has paid the		ntangible 7 No	
24	25 9. Name and Ad	dress of Current	29 Registered A	gent	30	ſ			Personal Property Tax due June 30. 10. Name and Address of New Registe		<u>Z</u>] 100	
GO	DIRAN, PIERRE		<u> </u>			81	Name				-	
	09 NO POINTE AL	exis dr				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		·	
	rpon springs f					Ollecti		ss (F.O. Dox Number is Not Acceptable)				
										_		
						84	City			85 Zip	Code	
11 Purcuant	to the provisions of S	Sections 607 0502	and 607 1508	Florida Statut	e the a	bove	-namad	COTTO		FL by Zip	its registered	
office or r	egistered agent, or t	ooth, in the State o	f Florida, Such	n change was a	tulhorize vida Stat	d by	the corp	ooratio	ration submits this statement for the purporn's board of directors. I hereby accept the	appointment a	s registered	
SIGNATURE	arriarimar vitti, aria	accept the congat	ions on decido	11 001.0005, 1 10	المال المال	uics	•					
SIGNATORE	Signature, typed or printed			ie. (NOT		d Ager	nt signature	required	when reinstating) DA			
12.	DP	OFFICERS AND	DIRECTORS	DELETE	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12	
TITLE NAME	GOIRAN, PIERI	RE		E DELETE	1.1 TI 1.2 N					Change	Li Addition	
STREET ADDRESS	2009 N POINT					-	ADDRESS] [
CITY-ST-ZIP	TARPON SPRIN				- 1	TY-ST						
TITLE	ST			DELETE	2.1 TI					Change	Addition 0	
NAME	GOIRAN, MARY				2.2 NA	ME						
STREET ADDRESS	2009 POINTE A				2.3 ST	REET A	ADDRESS			_	į.	
CITY-ST-ZIP TITLE	TARPON SPRIN	UGS FL		☐ DELETE	_	ITY-S	T- ŽIP			☐ Change	Addition	
NAME				DELETE	3.1 TT 3.2 NA					☐ Change	LT Additions	
STREET ADDRESS					4	_	ADDRESS					
CITY-ST-ZIP					3.4. C		-					
TITLE			·	DELETE	4.1 717					Change	Addition	
NAME					4. 2 N	AME					1	
STREET ADDRESS					4.3 ST	REET	ADDRESS				-	
CITY-ST-ZIP				Пост		TY-ST	- ZIP			Change	Addition	
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NAME STREET ADDRESS					5.2 NA		ADDRESS					
CITY-ST-ZIP					5.4 CI							
TITLE				DELETE	6.1 TIT					Change	Addition	
NAME					6,2 NA	ME	ĺ				1	
STREET ADDRESS					6.3 ST	REET	ADDRESS					
CITY-ST-ZIP			u. er		6.4 CI			-1 to E			1.5	
TA I DOLONY	entry that the inform	anno sunmied with	TOTAL TRIBUTA CON	as not ottality fo	r the eve	mnti	atete an	C ID Se	ection 119 07(3\(i) Florida Statutes I furthe	or commy that the	a intormation I	

Incresy derity that the information supplied with this faing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Intriner certify that the informatio 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:

813-934.3525