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 #

L79871

Country

9. Name and Address of Current Registered Agent

25

GASPARD, SHIRLEY M

(4)

2a. Mailing Address

City & State

ZiD

Suite, Apt. #, etc.

SHIRLEY M, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE

21

22

23

24

Zip

Principal Place of Business	Mailing Address	
4700 66TH ST. NO.	4700 66TH ST. NO.	
#106	#1 0 6	
ST. PETERSBURG FL 33709	ST. PETERSBURG FL 33709	

26

27

28

29

FILED
Mar 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/27/98 (813)-521-3004

8. This corporation owes or has paid the current year Intangible

Applied For

\$8,75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

□ No L

Yes

Not Applicable

06/12/1990

59-3012280

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

ST. PETERSBURG FL 33714		82	Street	Street Address (P.O. Box Number is Not Acceptable)						
		83								
					1221 -					
		84	City	FL	85	Zip Code	'			
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE										
Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TOTLÉE		1 TITLE			Chan		Addition			
NAME	OLOBARD GURLEVIA	2 NAME				• –	ľ			
STREET ADDRESS	ACTA ACTI TERRACE MORTH		ADDRESS				- 1			
CITY-ST-ZIP	OT DETERMINA FI	4 CITY-S	-				- 1			
TITLE		2.1 TITLE			Chan	ge 🔲	Addition			
NAME	2.	2.2 NAME				_	J			
STREET ADDRESS	. 2.	3 STREET	ADDRESS							
CITY-ST-ZIP	2	4 CITY-S	T-ZIP				İ			
TITLE	DELETE 3.	1 TITLE			Chan	ge 🔲	Addition			
NAME	3.	2 NAME					i			
STREET ADDRESS	3.	3 STREET	ADDRESS				J			
CITY - ST - ZIP	3.4. CI		T - ZiP				1			
TITLE	DELETE 4.1 TIT				Chan	ge 🗌	Addition			
NAME	4.2 N					•				
STREET ADDRESS	T ADDRESS 4.3 STI		address							
CITY-ST-ZIP		4 CITY-S	- ZIP							
TITLE	DELETE 5.	TITLE			Chan	pe 🗌	Addition			
NAME	5.	2 NAME								
STREET ADDRESS	5.	3 STREET	ADDRESS	1			ſ			
CITY-ST-ZIP		4 CITY-S	[-ZIP							
TOLE	DELETE 6.1 TIII				Chan	ge 🔲	Addition			
NAME	6.	2 NAME								
STREET ADDRESS	6.	3 STREET	address				1			
CITY-ST-ZIP		CITY-ST								
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 Ash changed or on an attachment with an address.										

Country

81 Name

30