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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

**FILED** 

Feb 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69303

101

1. Corporation		OTORHOMES, IN	· · ·			1 JEDNIEN IN BING 18185 NIN 65155 WI	Laight átáil átáit átáit átáit bigit	41811 (64)
Principal Place of Business Mailing Address						1 18318Til 418 Giniê 1818ê hiti Bûsê dili	MIBH BINSH NINSK AINII MINII	#18() ( <b>0</b> 3)
15333 AMBERLY DR 15333 AMBERLY DR TAMPA FL 33647 TAMPA FL 33647								
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 02/17/1988		
2. Principal Pl	lace of Busin	ess	2a. Mailing Address			4, FEI Number	Ap	plied For
21			26			65-0031914	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	□ \$8.75 A	
City & State	e		City & State			6, Election Campaign Financing	\$5.00	May Ro
23			28			Trust Fund Contribution	☐ Added to	
Zıp	Country		Zip	Countr	у	8. This corporation owes or has paid the current year Intangible		
24	25		29			Personal Property Tax due June 30. 🕡 Yes 🗌 No		
<u> </u>	g. Name	and Address of Curr	ent Registered Agent		7	10. Name and Address of New Reg	istered Agent	
	WRY, LEN			81	Name			
15333 AMBERLY DRIVE				82	82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33647					<del> </del>			
				83	<u>'</u>			
					City		FL 85 Zip C	Code
11. Pursuant t	to the provision	ons of Sections 607 05	502 and 607 1508. Florida Stat	utes, the abov	/e-named corp	poration submits this statement for the pr		registered
office or ri agent. I ai	egistered age m familiar wit	ent, or both, in the Sta n, and accept the obli	te of Florida. Such change was igations of, Section 607,0505, I	s authorized b Florida Statute	y the corporati	oration submits this statement for the prior ion's board of directors. I hereby accept	t the appointment as r	registered
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable.  2. OFFICERS AND DIRECTORS				ent signature require		DATE	
12.			DELETE	13. 1.1 TIFLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	NOWRY, NANCY		— pacie	1.2 NAME			C., Onlingo	
STREET ADDRESS	10000 11 (DEDUCT				T ADDRESS	•		
CITY-ST-ZIP	TAMPA FL			1.4 CiTY-ST-ZIP				1
TITLE	CP		DELETE	21 TITLE			Change	Addition
NAME	NOWRY, LEN		_	22 NAME				-
STREET ADDRESS			2.3 S <sup>3</sup>		T ADDRESS			
CITY-ST-ZIP	Chanada Project			2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZiP				3.4. CITY-	ST - ZIP			
TITLE	☐ DELETE		4.1 TITLE			☐ Change	Addition	
NAME				4. 2 NAME	1			{
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE			☐ DELETE				Change	Addition
NAME				5.2 NAME				,
STREET ADORESS					T ADDRESS			ļ
CITY-ST-ZIP			DELETE	5.4 CITY-	ST-ZIP		- Chart	Addison
TITLE			ן אנרנונ	6.1 TITLE 6.2 NAME			Change	L. Addition
NAME CODECT ADDRESS					T ADDOCCO			ŀ
STREET ADDRESS				0.3 STREE	T ADDRESS			

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 changet, or on an attachment with an address. SIGNATURE: