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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

(6)

FILED	
May 19 1998 8:00a	m
Secretary of State	

	', INC.				
Principal Place of Business	Mailing Address		1 (03)(18) [10)(10)(10)(10)(10)(10)	1981 3181 BIBIE 91811 BIBIL BIBIE 81811 91811 IBBE	
2005 TAMPA RD.		•	3. Date Incorporated or Qualified 08/15/1988		
PALM TIARBON-FL-64666 US	CLEARWATER FL 24618 5124 US		4. FEI Number 59-2905025	Applied For Not Applicabl	
2. Principal Place of Business 13696 Fisher Road	2a. Mailing Address 26 / 2 9 7 Ma	in ST	6. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees	
City & State Harbor FL	City & State	FL	7. Is this nonprofit corporation	a homeowners association?	
Zip 34683 25 Pinellas	Zip 34696	Country SA	8. This corporation owes or has Personal Property Tax due J	s paid the current year Intangible une 30. Yes No	
9. Name and Address of Curre			10. Name and Address of New	Registered Agent	
		81 Name	TALKEL , ROBERT	L. Esa.	
-TANKEL; ROBERT L-EGO		82 Street Add	1112:	ptable)	
2655 MCOORMICK DRIVE		147	7 Main SI	Suite P	
TEW, ZNOBER, BARNES, ZIMMETT &	UDICE-	83			
CLEARWATER FL 04619		84 City	unedin	as Zip Code _ c	
	00 4047 4500 Fledda Otal I			FL 37670	
 Pursuant to the provisions of Sections 617.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli- 	602 and 617,1508, Florida Statute le of Florida: Such change I vas a	s, the above-named cou uthorized by the corpora	rporation submits this statement for t ation's board of directors. I hereby a	ne purpose of changing its registered ocept the appointment as registered	
agent. I am familiar with, and accept the obli	gathens of, Section 617-4503, Flo	rida Statutes.	•	110/98	
SIGNATURE Signature band or private page of registered a	peril and little if applicable (NY)	Registered Agent signature regi	uited when reinstaling)	DATE	
Signature, typed or printed name of registered a		Registered Agent signature req		DATE FFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registured a	peri and little if applicable. (NOTE ND DIRECTORS DELETE			FFICERS AND DIRECTORS IN 12	
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