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NONPROFIT **CORPORATION** ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N95000002511 (2) **DOCUMENT #** 

**FILED** Aug 05 1998 8:00am Secretary of State

727

| Principal Place of Business  Mailing Address  6502 19TH WAY NORTH ST. PETERSBURG FL 33742 0592  3. Date Incorporated or Qualified 05/26/1995  4. FEI Number Sy3315147  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05/26/1995  4. FEI Number Sy3315147  5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2. City & State 2. State 2. Country 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05/26/1995  4. FEI Number Sy3315147  Addet of See Required Fee Required  |            |
|---|------------|
| SSQ 19TH WAY NORTH ST. PETERSBURG FL 33702 US  3. Date Incorporated or Qualified 05/26/1995 4. FEI Number 59-3315147 Not Applied f 59-3315147 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Size for City & State City & State City & State Trust Fund Contribution Added to Fees City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees To this corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable) G3 8 7 9 7 7 7 8 7 7 7 7 8 7 7 7 7 7 8 7 7 7 7  |            |
| 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired Status Desired Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Election Campaign Financing Trust Fund Contribution Added to Fees City & State 3. State City & State 4. City & State 5. Certificate of Status Desired Address of Current Fee Required Agent Trust Fund Contribution Address of Current Registered Agent 5. Is this corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  2. Name and Address of Current Registered Agent  3. Name Address of New Registered Agent  3. Name Address of New Registered Agent  4. Name Address of New Registered Agent  5. Certificate of Status Desired Status Status Fee Address of Current Registered Agent  7. Is this corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  8. Name Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name V 1 Control Surth  22. Street Address (P.O. Box Number is Not Acceptable)  23. 3. 70 Terrais Marth  33. 70 Terrais Marth  44. CityS + Peters burg  45. CityS + Peters burg  46. Election Campaign Financing  55.00 May Be  66. Election Campaign Financing  76. Election Campaign Financing  77. Is this corporation a homeowners association?  87. Is this corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  88. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  88. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  89. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of Sectio  | ed For     |
| 21 (38 79 th Terret Registered Agent  5. Certificate of Status Desired  | pplicable  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  7. Is this nonprofit corporation a homeowners association?  Yes No  Yes No  Suite, Apt. #, etc.  City & State  City & State  7. Is this nonprofit corporation a homeowners association?  Yes No  Yes No  No  Name and Address of Current Registered Agent  SMITH, VINCENT  6502 19TH WAY NORTH  ST. PETER\$BURG FL 33702  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Figrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of Sections 617,0502. Statutes.  SIGNATURE  Suite, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution  Added to Fees  7. Is this nonprofit corporation a homeowners association?  Statutes Address of Poperation owes or has paid the current year Intangible Personal Property Tax due June 30. If Yes No.  No. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of the current year Intangible Address of Poperation Submits this statement for the purpose of changing its regist of the current year Intangible Address of Poperation Submits this statement for the purpose of changing its regist of the current year Intangible Address of Poperation Submits this statement for the purpose of changing its regist of the purpose of the purpose of changing its regist of the purpose of the p |            |
| 23 St Peters burg 24 Country 25 29 30 B. This corporation were or has paid the current year Intangible Personal Property Tax due June 30. Yes No No  9. Name and Address of Current Registered Agent  SMITH, VINCENT 6502 19TH WAY NORTH ST. PETER\$BURG FL 33702  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  1. Is this horiprofit corporation on anomeowhers association?  Yes No  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  1. Street Address (P.O. Box Number is Not Acceptable)  1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of fice 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 617.0503, Florida Statutes.   |            |
| 24 For 6/9 25 29 30 B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No 9. Name and Address of Current Registered Agent  SMITH, VINCENT 6502 19TH WAY NORTH ST. PETERSBURG FL 33702  81 Name 10 Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable) 638 79 Terrale North 64 Cityst Petersburg 6502 19TH way north 6502 19TH way nort  |            |
| 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  SMITH, VINCENT 6502 19TH WAY NORTH ST. PETER\$BURG FL 33702  81 Name Vincent Address (P.O. Box Number is Not Acceptable) 638 79 Terrale North  82 Street Address (P.O. Box Number is Not Acceptable) 638 79 Terrale North  83 # 312  84 Cityst Petersburg  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  10. Name and Address of New Registered Agent 10. Name virtue June 30. 10. Name and Address of New Registered Agent 10. Name virtue June 30. 10. Name and Address of New Registered Agent 10. Name virtue June 30. 10. Name virtue June 30. 10. Name and Address of New Registered Agent 10. Name virtue June 30. 1 | riblo      |
| SMITH, VINCENT  6502 19TH WAY NORTH  ST. PETERSBURG FL 33702  83 # 3/2  84 City St. Peters by rg  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  10 Name  11 Name  11 Name  12 No. 15 No  |            |
| SMITH, VINCENT 6502 19TH WAY NORTH ST. PETERSBURG FL 33702  82 Street Address (P.O. Box Number is Not Acceptable) 638 79 Terrule North 84 CitySt Petersburg 85 Zip Code 83 70  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Figrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  10 Street Address (P.O. Box Number is Not Acceptable) 62 Street Address (P.O. Box Number is Not Acceptable) 63 3 70 64 CitySt Petersburg 65 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |            |
| 8502 19TH WAY NORTH ST. PETERSBURG FL 33702  83 # 312  84 CityS+ Petersburg   FL   85 Zip Code   33 7 D Code   34   |            |
| ST. PETERSBURG FL 33702  83 # 3/2  84 City St Peters burg FL 85 Zip Code 3 70 7  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  185 Zip Code 3 7 70 70 70 70 70 70 70 70 70 70 70 70 7   |            |
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| SIGNATURE / Indent tomate VIDEENT South Orcector 7/27/98  | gistered   |
|   | Istered    |
|   |            |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | N 12       |
| TITLE DELETE 1.1 TITLE Change A   | Addition   |
| NAME SMITH, VINCENT 12 NAME   |            |
| STREET ADDRESS 6502 19TH WAY N 1.3 STREET ADDRESS   |            |
| CITY-ST-ZIP   | T 4 4 170  |
| TITLE DELETE 2.1 TITLE Change AC  | _ Addition |
| STREET ADDRESS 5728 CALAIS BLVD #3 2.3 STREET ADDRESS   |            |
| CITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP   |            |
|   | Addition   |
| NAME ACCETTA, DAWN 32 NAME  |            |
| STREET ADDRESS 2931 DARTMOUTH AVENUE N 3.3 STREET ADDRESS   |            |
| CITY-ST-ZIP ST. PETERSBURG FL 3.4. CITY-ST-ZIP  |            |
| TITLE DI Change AA  | 4 Addition |
| NAME HEMSLEY, PATRICIA  STREET ADDRESS  4.2 NAME Cherb) Davies  THEMSLEY PATRICIA  4.2 NAME  4.3 STREET ADDRESS  7/48 Locust Street NE  |            |
| STREET ADDRESS   THE COCUST STREET ADDRESS   7/48 COCUST STREET ADDRESS     |            |
|   | Addition   |
| NAME GAUDET, JEFF 52 NAME   | Aggings C  |
| STREET ADDRESS 798 CATTAIL COURTH NE 53 STREET ADDRESS  |            |
| CITY-ST-ZIP ST PETERSBURG FL 5.4 CITY-ST-ZIP  |            |
|   | Addition   |
| NAME <b>\$TRAIGHT, MARIE</b> 6.2 NAME   |            |
| STREET ADDRESS 200 82ND AVENUE AVENUE 6.3 STREET ADDRESS 6.3 STREET 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.