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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005831 (1)**

1. Corporation Name
PI-PA-TAG, INC.

Principal Place of Business	Mailing Address
1501 GARDEN AVENUE TARPON SPRINGS FL 34689	1501 GARDEN AVENUE TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 12/06/1995

4. FEI Number: 59-3386698 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. 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	10. Name and Address of New Registered Agent
JOHN SALKELLARIDES 2595 TAMPA RD., STE J PALM HARBOR FL 34684	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ☐ DELETE	☐ Change ☐ Addition
NAME	LEHR, JOHN C	
STREET ADDRESS	1501 GARDEN AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD ☐ DELETE	☐ Change ☐ Addition
NAME	MALINOWSKI, HEATHER	
STREET ADDRESS	1015 WIDEVIEW AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T ☐ DELETE	☐ Change ☐ Addition
NAME	HAMMER, JANE	
STREET ADDRESS	120 CALYLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D ☐ DELETE	☐ Change ☐ Addition
NAME	AMMONA, DR ROSE MARY	
STREET ADDRESS	1440 RIVERSIDE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VP ☐ DELETE	☐ Change ☐ Addition
NAME	AMMONS DR. ROSE MARY	
STREET ADDRESS	1440 RIVERSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE [redacted] 6/25/98

CR2E037 (10/97)