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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

FILED Apr 28 1998 8:00am Secretary of State

	, INC.					
Principal Place of Business	Mailing Address			\$ 4001/001 (00 414) 001/0 10/0 01/0 10/0 01/0 01/0 01/0 01	pr: 106f	
150 159RD AVE	150 153RD AVE					
SUITE 200 SUITE 200		•••		DO NOT WRITE IN THIS SPACE		
MADEIRA BEACH FL 33706 MADEIRA BEACH FL 33706		708		3. Date Incorporated or Qualified		
00	00			09/13/1990		
2. Principal Place of Business	2a, Mailing Address				ed For	
21 26				59-3025156 Not A	pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certificate of Status Desired		
22	27			Fee Requi	ired	
City & State	City & Stato			6. Election Campaign Financing \$5.00 Ma		
23	28	T		Trust Fund Contribution Added to F		
Zip Country	Zip	Cour	ntry	This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes N Yes		
24 25 25 Name and Address of Current	1 Registered Agent	30	,	Personal Property Tax due June 30. A Yes 10. Name and Address of New Registered Agent		
04			B1 Name	me Deborah A. Vitale		
BULLOCK, LESTER]	1			
150 1 \$ 3RD AVE Suite 200]	B2 Street	Address (P.O. Box Number is Not Acceptable) 150 - 153rd Ave., Suite 200		
MADEIRA BEACH FL 33708		ŀ	B3	• • • • • • • • • • • • • • • • • • • •		
MADEINA DEACH LE 33700			-4 00	100 (100 (100 (100 (100 (100 (100 (100	<u> </u>	
			B4 City	Madeira Beach FL 85 Zip Coo	l ga	
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the ab	ove-named	d corporation submits this statement for the purpose of changing its re- poration's board of directors. I hereby accept the appointment as res	egistered	
office or registered agent, or both, in the State agent I am amiliar with, and accept the obliga	of Florida. Such charge was itions of Section 607,0505. Fl	authorized Iorida Stati	l by the coi ites.	poration's board of directors. I hereby accept the appointment as rec	gistered	
SIGNATURE / LANGE	7.1/1/1/	4		46-98		
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Situatore typed or printed name of registered ages		If: Registered	Agent signatur	e required when reinstating) DATE		
Shaddre Typed or printed name of registered ages 12. OF LICERS AND	D DIRECTORS	13.		e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
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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 of 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 charged, or on an attachment with an address.