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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9200 ITERIORS, INC.	0005197 (8)			88/H 48/H 81/H 81/H 18/H 18/H 18/H 18/H
Principal Plac	e of Business	Mailing Address			89) 40 0; 0 11; 9 0 4 1 00 00
4445 EAST B		4445 EAST BAY DRIVE			
311	_	311		DO NOT MIDITE II	NITHIO ODAOE
CLEARWATER FL 34624 CLEARWATER FL 346				DO NOT WRITE II 3. Date Incorporated or Qualified	N THIS SPACE
00		00		11/12/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3151450	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27				Fee Required	
23	9	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	This corporation owes or has paid	
Zip 24 337	64 25	zip 33764	30	Personal Property Tax due June 3	~ ·
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regi	
HA	JUER, YOLANDA		81 Nam	ne	
4445 E BAY DR			82 Stree	et Address (P.O. Box Number is Not Acceptable))
STE 311				· · · · · · · · · · · · · · · · · · ·	
CLI	EARWATER FL 34624		63		
			B4 City		FL 85 Zip Code 4
Ad Dissa cont	10 007 00	00 007 4500 Fig. 14- Protect			
agent. I a	m familiar with, and accept the oblight	gations of, Section 607,0505, Fla HOWE Jon and bile if applicable (NO)	orida Statutes.	ed corporation submits this statement for the pur orporation's board of directors. I hereby accept are required when reinstating)	the appointment as registered
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TIFLE	HAUER, YOLANDA S	☐ DELETE	1.1 TITLE	President	Change Addition
NAME STREET ADDRESS	4445 EST BAY DRIVE, SUIT	F 211	1.2 NAME 1.3 STREET ADDRESS	s l	
CITY-ST-ZIP	CLEARWATER FL	- 011	1.4 CITY-ST-ZIP	5	
TITLE	VP	DELET E	21 THILE		Change Addition
NAME	HUMPF, ROSEMARY		2 2 NAME		
STREET ADDRESS	4445 EAST BAY DRIVE, SUI	TE 311	2.3 STREFT ADDRESS	s	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	S	
CITY-ST-ZIP		Driete	3.4. CITY - ST - ZIP		Change I 14200-
TITLE]		☐ DELETE	4.1 THILE	1	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	e	
City-ST-ZIP			4.4 CITY-ST-ZIP	°	
TIFLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ · _ -
STREET ADDRESS			5.3 STREET ADDRESS	s	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAMÉ	1	
STREET ADDRESS			6.3 STREET ADDRESS	S	
CITY OT 2ID			CACITY OF TID	į.	

14. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address.

FILED

Jan 20 1998 8:00am

Secretary of State