## 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

## DOCUMENT # P92000010910 (7)

Principal Place of Busines		Mailing Address				
14726 MORNING DR. LUTZ FL 33549		14726 MORNING DR. Lutz Fl. 33549				00105
US		US			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/10/1992		
2. Principal Place of Busi	ness	2a, Mailing Address			4. FEI Number	Applied For
21	<u> </u>	26			59-3153869	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Žφ		ountry	<ol><li>This corporation owes or has paid the c</li></ol>	
24	25	29	30		Personal Property Tax due June 30.	Yes No
9, Name	and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registere	d Agent
PINCIOTTI, SONIA 14728 MORNING DR. LUTZ FL 33549				82 Street	SONIA PINCIOTAL Address (P.O. Box Number is Not Acceptable) HORVING DE.	
				84 City	LUTE F	L 85 Zip Code 333449
office or registered at	<b>c</b> ont, or both, in the Stat	02 and 607.1508, Florida Sta e of Florida. Such change w pations of, Section 607.0505,	as authoriz	zed by the cor	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE			The second		p required when reinstating) DATE	
12.	d or pointed name of registered by CIECUTE DO AN	ND DIHECTORS	NOTE Hapiste		e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	OFFICERS AF	DELETE		TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
-	TTI. SONIA	- Decene		NAME		- Succession
	MORNING DR.			STREET ADDRESS		
CITY-ST-ZIP LUTZ F				CITY-ST-ZIP		
TITLE	<u> </u>	DELETE		TITLE		Change Addition
NAME		C Dittil		NAME		
				STREET ADDRESS		
STREET ADDRESS			F			
CITY-ST-ZIP		DELÉTE		4 CITY - ST - ZIP	<del></del>	Change Addition

3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-7/P DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME

3.2 NAME

CITY-S1-ZIP 6.4 DITY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attachment with an address.

**6.3 STREET ADDRESS** 

SIGNATURE:

STREET ADDRESS

¥/20/98

**FILED** 

Apr 27 1998 8:00am

Secretary of State