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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME STREET ADDRESS

Anna.



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001521 (2)

MARY I						
112	REPPER & ASSOCIATES, I	NC.		Y.		1 88) 8 (118 118) (181 188)
Date de la Disc	- 10	NA COLONIA A DIAMANA				
Principal Piac		Mailing Address				
3288 SAN MATEO ST. P.O. BOX 1236 CLEARWATER FL 34619 SAFETY HARBOR FL 34695					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					12/29/1992	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
n]		26		59-3159210	Not Applicabl	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the curre	
24	25	29	30	.,		Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent		т ::	10. Name and Address of New Registered Ag	gent
	PPER, MARY E		81	Name		
3268 S AN MATEO STREET CLEARWATER FL 34619			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
			54	City	FL	as zip code
SIGNATURE	Signature, typod or printed name of registered ag			ent signature requir	ed when reinstating) DATE	
12.	OFFICERS AN		13.			
TITLE	N		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D NARY F	DELETE	1.1 TITLE 1.2 NAME			
NAME	REPPER, MARY E		1.2 NAME	T ANDRESS		
NAME STREET ADDRESS	REPPER, MARY E 3268 SAN MATEO STREET		1.2 NAME 1.3 STREE	T ADDRESS		
NAME	REPPER, MARY E		1.2 NAME			
NAME Street address City-St-Zip	REPPER, MARY E 3268 SAN MATEO STREET CLEARWATER FL 34619 T	☐ DELETE	1.2 NAME 1.3 STREE 1.4 City-1			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	REPPER, MARY E 3268 SAN MATEO STREET CLEARWATER FL 34619 T MACKIN, COLLEEN	☐ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME			Change Addition
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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 arminit report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

***150.00