## 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

P.		MENT # P9300 ENDERS INC.	00004218 (2	2)	
Principal Place of Business Mailing Address					
207 N 11TH STREET TAMPA FL 33602			207 N 11TH STREET TAMPA FL 33602		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
	2. Principal Place of Business 2a. Mailing Address				01/13/1993 4. FEI Number Applied For
21			<b>├</b> ─┐		59-3161476 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.			SR 75 Additional	
22	27			Certificate of Status Desired     Fee Required	
_	City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23	Zip	Country	<b>28</b>	Country	Trust Fund Contribution Added to Fees
24		25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo
		9. Name and Address of Cur			10. Name and Address of New Registered Agent
VENTO, PHILIP T 207 N 11TH STREET TAMPA FL 33602				83 84 City	et Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 607.0505, Florida Statutes.    Signature   Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   DA					
12.		OF FICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITU		P	☐ DELETE	1.1 TATLE	Change Addition
NAM		VENTO, PHILIP T		1.2 NAME	
	EET ADORESS	207 N. 11TH ST. TAMPA FL		1.3 STREET ADDRES	S
TITU	'-\$1-ZIP	VP VP	DELETE	1.4 City-St-ZIP 2.1 Title	Change Addition
NAM	-	SIMONE, ROBERT	•—	2.2 NAME	
STRE	EET ADDRESS	207 N. 11TH ST		2.3 STREET ADDRES	s
CITY	-51-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP	· ;
TITL	E	8	☐ DELETE	3.1 T(TLE	☐ Change ☐ Addition
NAM	· 1	SIMONE, CHRISTINE		3.2 NAME	
	ET ADDRESS	207 N. 11TH ST.		3.3 STREET ADDRES	S
	-ST-ZIP	TAMPA FL	DELETE	3 4. CITY - ST - ZIP	Change Addition
TITU		VENTO, PHILIP T		4.1 TITLE 4.2 NAME	
	EET ADDRESS	207 N. 11TH ST.		4.3 STREET ADDRES	
	-\$7-ZIP	TAMPA FL		4.4 CITY - ST - ZIP	
TITU			☐ DELETE	5.1 TITLE	Change Addition
NAM	IE J			5.2 NAME	
STRE	ET ADDRESS			5.3 STREET ADDRES	s
CITY	-ST-ZIP			5.4 CITY - ST - ZIP	
TITL			☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAM				62 NAME	
STRE	ET ADDRESS			6.3 STREET ADDRES	s !

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 changed, or on an attachment with an address.

**FILED** 

May 07 1998 8:00am

Secretary of State