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

**PROFIT CORPORATION** ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1998		Secretary of Stale DIVISION OF CORPORATIONS		Secretary of State		
1	JMENT # DRAWINGBO		0006572 (0)	)			
[							
Principal Pla	ace of Business		Mailing Address				EARN BAION DARAN INDIA FIDI ANDI
3631 B WEE	BBER \$T		3631 B WEBBER ST				
B-1 Sarasota Fl 34232			B-1 Sarasota Fl 34232			DO NOT WRITE IN THE	S SPACE
US			US			3. Date Incorporated or Qualified	
2. Principal	Place of Busines		2a. Mailing Address			01/22/1993 4. FEI Number	
21	1 AGG OF EGGING	~	26			65-0385826	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State			Fee Required	
City & State			28			6. Election Campaign Financing Frust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	Cou	ntry	8. This corporation owes or has paid the c	
24	25		29	30		Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent					81 Name	10. Name and Address of New Registered	Agent
HAMLETT, DEIRDRE A 7270 MAUNA LOA BLVD SARASOTA FL 34241						10.0	
					82 Street Add	ress (P.O. Box Number is Not Acceptable)	
					B3		
					84 City		85 Zip Code
11. Pursuant office or agent. I	am amailai wiin,	ano accept the oblig	gations of, Section 607,0505, FI	Iorida Stat	utes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered as registered
12.	Signature, typed or j	printed name of registered age OFFICERS AN	iont and title if applicable. (NOT ID DIRECTORS	TE: Registered	Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	3.110210711	DELETE	1.1 TIT	LE	ADDITIONS/CHANGES TO OTHICERS AN	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	7270 MAU	DEIRDRE A INA LOA BLVD A FL 34241			REET ADDRESS		
TITLE	<u>Q</u> NIVOO!!	115 04541	☐ DELETE	2.1 TIT	Y-ST-ZIP LE		Change Addition
NAME				2.2 NA			
STREET ADDRESS				2.3 ST	REET ADDRESS		
CITY-ST-ZIP			- Doruge		TY-ST-ZIP		
TITLE NAME			☐ DELETE	3.1 TIT			☐ Change ☐ Addition
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CITY-ST-ZIP				0.00,	ical vapariace	•	
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NAME			☐ DELETE	3.4. CI 4.1 TiT	<del></del>		☐ Change ☐ Addition
			☐ DELET <b>E</b>	4.1 TIT 4.2 NA	LE ME		☐ Change ☐ Addition
STREET ADDRESS			☐ DELET <b>E</b>	4.1 TiT 4.2 NA 4.3 STE	LE AME REET ADDRESS		☐ Change ☐ Addition
				4.3 TIT 4.2 NA 4.3 STF 4.4 CIT	LE AME AEET ADDRESS Y-ST-ZIP		
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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 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 23 1998 8:00am