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 # P93000015789 (9)

INF HASTETI ED MASANDY INC

Principal Place of Busi	iness	Mailing Address								
			INGRAM AVE ISOTA FL 34232			DO NOT WRITE II	N THIS SPAC	DE		
						 Date Incorporated or Qualified 02/25/1993 				
2. Principal Place of E	Business	2a. Mailing Addre	ss			4. FEI Number		Applied For		
21		26				65-0400730		Not Applicable		
Suite, Apt. #, etc.		Suite, Ap1. #, (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		
Zip 24	Country 25	Zip 29	30	ountry	,	This corporation owes or has paid Personal Property Tax due June 3				
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
HOSTETLE	er, Joseph A			81	Name					
2505 INGRAM AVE SARASOTA FL 34232					Street Ade	Address (P.O. Box Number is Not Acceptable)				
				83						
				84	City		FL 85	Zip Code		
11. Pursuant to the pr office or registered agent. I am familia	ovisions of Sections 607, d agent, or both, in the Si ar with, and accept the ob	0502 and 607.1508, Florida tate of Florida. Such chang bligations of, Section 607.0	a Statutes, the le was authori 505, Florida S	above zed by tatutes	a-named co the corporate	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of cha the appointn	nging its registered nent as registered		
SIGNATURE			INOTE Decise			and the site of th	DATE			
Signature, typed or printed name of registered agent and title if applicable (NOTE Register 12. OFFICERS AND DIRECTORS 13.					Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	OFFICERO	7110 011101010		<u>~-</u>		ADDITIONO, OF INTIGED TO OFF TOE		EOTOTIO III IZ		

agent. I a	m familiar with, and accept the obligations of, Sec	tion 607.0505, F	lorida Statutes.			
SIGNATURE	Stonature, typed or printed name of registered agent and title if appl	icable (NO	OTE: Registered Agent signature require	ed when reinstaling)	DATE	
12.	OFFICERS AND DIRECTOR	13.	ADDITIONS/CHANGES TO C	FICERS AND DIRECTOR	S IN 12	
TATLE	D	DELETE	1.1 TITLE		☐ Change	Addition
NAME	HOSTETLER, JOSEPH A		1.2 NAME			
STREET ADDRESS	2505 INGRAM AVE		1.3 STREET ADDRESS			
CITY-S1-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP			
TITLE	0	DELETE	2.1 TITLE		Change	Addition
NAME	Hostetler, Joseph D		22 NAME	,		
STREET ADDRESS	2505 INGRAM AVE		2 3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		_	
TITLE	0	DELETE	31 TITLE		Change	Addition
NAME	SHEPPARD, JOHN		3.2 NAME			
STREET ADDRESS	2505 INGRAM AVE		3.3 STREET ADDRESS			
CITY-S1-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP			
TITLE	0	DELETE	4.1 TITLE		Change	Addition
NAME	Dart W		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP			4.4 CITY - ST - ZIP			
TITLE	0	DELETE	5.1 TITLE		☐ Change	Addition
NAME	EMME II, DEMMIS		5.2 NAME			
STREET ADDRESS	EMMETT, Dennis 2505 Ingram, Aue Sarasolo, Fl.		5.3 STREET ADDRESS			
CITY - ST - ZIP	Sarasoro, Fl.		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY.ST. ZIP			64 CITY - 91 - 7IP			

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 hustee 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.

SIGNATURE:

FILED

Apr 21 1998 8:00am

Secretary of State