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PROFIT CORPORATION ANNUAL REPORT

1998



₹1 ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

| 115 NORTH MACDILL AVE 115 N | | | Mailing Addres 115 NORTH MA TAMPA FL 3360 | iling Address 5 NORTH MACDILL AVE. | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
|---|--|--|--|---|--|--|--|--------------------------|---------------------|---|
| 2. Principal P | lace of Business | | 2a. Mailing Add | Iress | | | 03/15/1993 4. FEI Number | | | Applied For |
| 21 | | | 26 | | | | 59-3168431 | | | Not Applicable |
| Suite, Apt. #. etc. 22 City & State | | Suite, Apt #, etc. | | 5 Certificate of Status Desired \$8.75 Addition | | | - | | | |
| | | | City & State | | Fee Requir 6. Election Campaign Financing \$5.00 May | | | | | |
| 23 | | | 28 | | | | Trust Fund Contribution | | | ed to Fees |
| Zip | Cour | ntry | Zφ | | Court | ry | 8. This corporation owes or has pa | | | ~ |
| 24 | 25 | | [29] | 3 | 30 | | Personal Property Tax due June | | Yes | No |
| 140 | RMAN, SHEILA D | ress of Current | t Registered Agent | | B | 1 Name | 10. Name and Address of New Re | egisterea . | Agent | |
| | NORTH MACDILL | AVE | | | <u> </u> | O Chaol Add | dress (P.O. Box Number is Not Acceptate | blet | | |
| | MPA FL 33609 | ATE. | | | \ | 2) Street Add | press (P.O. box Number is Not Acceptar | ole) | | |
| | | | | | 8: | 3 | | | | |
| | | | | | | 4 City | | | 85 2 | in Code |
| | | | | | 84 | T Oπγ | | | | • |
| 11. Pursuant | to the provisions of Se | ections 607.0502 | ² and 607,1508, Flori | ida Statutes | the abc | ve-named cor | poration submits this statement for the p | FL ourpose of | changin | g its registered |
| office or r agent. I a SIGNATURE | egistered agent, or bo m familiar with, and ac | oth, in the State of ocept the obligation | of Florida. Such char tions of, Section 607 | nge was au 1.0505, Flori | s, the abcorthorized coda Statuti | ve-named corpora es. | ation's board of directors. I hereby acce | ourpose of pt the app | changin cintment | g its registered as registered |
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| office or r agent. I a SIGNATURE | egistered agent, or bo in familiar with, and ac Signature, typed or printed na D | oth, in the State of coept the obligation of registered agen OFFICERS AND | of Florida, Such char tions of, Section 607 If and title if applicable DIRECTORS | nge was au 1.0505, Flori | the abc thorized a da Statuti | ve-named cor, by the corporal es. gent signature requ | ation's board of directors. I hereby acce | ourpose of pt the app | ointment | as registered ORS IN 12 |
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| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or bom familiar with, and ac Signature, typed or printed na D NORMAN, SHEIL | oth, in the State occept the obligations of registered agen OFFICERS AND A D COILL AVE | of Florida. Such char titions of, Section 607 trand title if applicable DIRECTORS | nge was au .0505, Flori (NOTE) | s, the abcorphorized a Statution Florigation A. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- | ve-named cor by the corpora es: gent signature required. Et address: | ation's board of directors. I hereby acce | ourpose of pt the app | DIRECT | as registered ORS IN 12 De Addition |
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