	FILE NOW	: FILING FEE A	FILED										
	PROFIT CORPORAT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				Apr 30 1998 8:00am Secretary of State						
ANNUAL REPORT			Secreta DIVISION OF C									15	
1		ucts, incorpora	TED)								
Principal Place of Business Mailing Address 6503 19TH STREET E. 6503 19TH STREET E.													
UNIT F SARASOTA FL 34243				UNIT F SARASOTA FL 34243				DO NOT WRITE IN THIS SPACE					
			Q2 1 1 1					3. Date Incorporated of	or Qualified	+ + -]
	rincipal Place of Bu	siness	2a. Mai	iling Address				04/16/1993 4. FEI Number			Ar	oplied For	1
21 St	uite, Apt. #, etc.		26 Suit	le, Apt #, elc.				65-0422345			\$8.75	ot Applicable	-
22			27					5. Certificate of Status			Fee Re	equired	
23	City & State			City & State				 Election Campaign Trust Fund Contribution 	-		\$5.00 Added	May Be to Fees	
Zij 24	p	Country 25	Zip 29		30 Col	untry		8. This corporation ow Personal Property T	•			angible No	
		e and Address of Curren		d Agent	<u> </u>	81	Name	10. Name and Address			jent		1
	MPARATO, 6503 19TH 1							ess (P.O. Box Number is N	lot Accents	able)			4
	UNIT E					83							-
	SARASOTA	FL 34243					<u></u>						
							City		. 	FL		Code	
ε	agent. I am familiar IATLIRE	isions of Sections 607.0502 agont, or both, in the State with, and accept the obliga	tions of, Sec	ntion 607.0505, Fl	tes, the a authorize lorida Sta	ibove-i ed by t ilules.	named corp he corporali	oration submits this staten on's board of directors. I t	ent for the lereby acci	purpose of c ept the appoi	hanging it ntment as	s registered registered	
12.	Stgnature, typ	ed or profiled name of ingeliered ager OFFICERS ANI			TF Plogistere		signature require	ADDITIONS/CHANG	S TO OFF	DATE	DIRECTOR	IS IN 12	6
TITLE	PD			DELETE	1.11	ITLE					Change	Addition	ĺ€
NAME STREET CITY - S	ADDRESS 6503	ATO, MICHAEL A SR. 19th st e., unit e Sota fl			1.3 S	IAME Street Al Sity - St -							R2E034 (10/97
TITLE				DELETE	211	ITLE				Ξ	Change	Addition	15
NAME	ADDRESS				22 N 23 S	IAME TREET AL	DRESS						
CITY - S		·····		- Druter	2 41	CITY-ST-	1				1.05	1 1 1 1 1 1	
TITLE NAME				L] DELETE	31T 32N					L	_ Change	Addition	
	ADDRESS					TREET AL	DRESS						
CITY-S TITLE	5T-ZIP			DELETE	3.4. (4.1 T	CITY-ST- ITLE	ZIP				Change	Addition	
NAME					4 2 1	NAME							
	ADDRESS					STREET AC							
CITY-S TITLE	51-2119			DELETE	5.1 T	HTLE	Lir-			[Change	Addition	
NAME						IAME							
CITY-S	TADORESS ST-ZIP					ITREET AC Ity-st-							
TITLE				DELETE	611	ITLE				Ľ	Change	Addition]
NAME STREET	ADDRESS					iame Treet ad	DRESS						
CITY-S	ST - ZIP				64 C	aty-st-	ZIP		- 0	14 -11	1 . 0	1-1	_
ir I C	ndicated on this ani officer or director of	the information supplied with hual report or supplemental the corporation or the rece bill changed, or on an attac	annual repe iver or truste	orl is true and ac <u>e emp</u> owered to	curate an	id that	my signatur	e shali have the same leg	al effect as	if made unde	er oath; tha	at I am an	
910	SNATURE:	< 71	15	Do-	M	icha	el A.	Imparato, Sr	4-23-	-98 (941)7	755-6694	4