FILE NOW: FILING FEE AFTER MAY 1ST IS

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTME

OF STATE

Sandra B. Mo

Apr 07 1998 8:00am

	1998	DIV	Secretary ISION OF CO	-	ONS	Secretary of	State	
1. Corporation	MENT # P9 AND FROST, P.A.	3000034409	9 (1)				<u> </u>	
Principal Place	o of Business	Mailing Addr	oss				jil 88168 1811 1881	
7901 4TH ST NORTH 7901 4TH ST NORTH								
315 315						DO NOT WRITE IN THIS SPACE		
ST PETERSBURG FL 33702 ST PETERSBURG I			UHG FL 33/UZ	3702		3. Date Incorporated or Qualified		
						05/07/1993		
2. Principal Pl	2a. Mailing A	a. Mailing Address			4. FEI Number	Applied For		
21		26				59-3180122	Not Applicable	
Suite, Apt.	₩, ΘIC) — <u> </u>	Suite, Apt #, etc.				75 Additional ee Required	
City & State	9	Cily & Sta	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip			Country	,	8. This corporation owes or has paid the current year Intangible			
24	25 29 30 9. Name and Address of Current Registered Agent		<u>ol</u>		Personal Property Tax due June 30. Yes No			
100		or Current Registered Ager	<u> </u>	81	Name	10, Name and Address of New Registered Agent		
HANKS, MARK 7901 4TH STREET NORTH, SUITE 315								
ST PETERSBURG FL 33702					Street Add	Address (P.O. Box Number is Not Acceptable)		
011 1111/1000110 12 00/02				83				
				84	City	85	Zip Code	
						FL `_		
office or re agent. Lar	to the provisions of Section egistered agent, or both, in m familiar with, and accept	is 607 0502 and 607,1508, F1 i the State of Florida. Such ch t the obligations of, Soction 6	orida Statutes nange was aut 07.0505, Florid	, the above Prorized by da Statutes	e-named cor y the corpora s.	poration submits this statement for the purpose of changi alion's board of directors. I hereby accept the appointmen	ng its registered it as registered	
SIGNATURE	Signature, typiid or printed name of i	registored agent and title if applicable	(NO1E - F	Registered Age	ont signature requ	ulred when reinstating) DATE		
12.	OFFI	ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	•		1.1 TITLE		☐ Cha	inge L Addition		
NAME			1.2 NAME					
STREET ADDRESS	, , ,				ADDRESS			
City-St-ZiP Title	1-ZIP ST. PETERSBURG FL ST		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Cha	ange	
NAME				22 NAME				
STREET ADDRESS				23 STREET	ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG F			2 4 CITY-	ST - ZIP			
TITLE			DELETE	3.1 TITLE		☐ Cha	inge Addition	
NAME				3.2 NAME			Ì	
STREET ADDRESS				3 3 STREET			ļ	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY- : 4.1 T(TLE	S1-ZIP	☐ Cha	inge Addition	
NAME			, bell te	4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY- S			<u> </u>	
THILE			DELETE	5.1 TITLE		☐ Cha	ange Addition	
NAME				52 NAME				
STREET ADDRESS				5.3 STREET				
CITY-\$T-ZIP TITLE		·····	DELETE	5.4 CITY - S 6.1 TITLE	ST-ZIP	Cha	inge Addition	
NAME			DICCIL	6.2 NAME		Dia	go [
STREET ADORESS				6.3 STREET	ADDRESS		Ì	
CITY-ST-ZIP				6.4 CITY - S			İ	

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.