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 # P93000035182 (3)

NUMBERED CORPORATION OF FLORIDA INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				
350 GULF BLVD. 350 GULF BLVD.				
INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS BEACH FL 34635				
			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/13/1993
2. Principal Place of Business	2e. Mailing Address			4. FEI Number Applied For
21	[26]			59-3243720 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State			6. Election Campaign Financing \$5.00 May Be	
23	28	Country		Trust Fund Contribution Added to Fees
Zip Country 25	Zip		ntry	8. This corporation owes or has paid the current year Intangible
24 25 9. Name and Address of Current	29 Registered Agent	30	···· · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	nogratored Agent		81 Nan	
WEYLIE, WALLACE J				
350 GULF BLVD.			82 Street Address (P.O. Box Number is Not Acceptable)	
INDIAN ROCKS BEACH FL 34635			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502	and 607.1508. Florida Statuti	es. the at	ove-nam	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typicd or printed name of registered agreet and take if approache. (NOTE: Registered Agent signature required when reinstating) DATE				
12. OF FICE RS AND		L: Hegistered	Agent signa	ture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 111	1E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME GRAY, RANDALL W		1.2 NA		5 0.00
STREET ADDRESS R.R. #3			REET ADDRES	25
CITY-ST-ZIP STOUFFVILLE, ONTARIO, CANA	NDA		IY-ST-ZIP	
TITLE	☐ DELETE	2,1 (1)		Change Addition
NAME		2.2 NA	ME	
STREET ADDRESS		2.3 ST	REET ADDRES	ss
CITY-ST-ZIP		2.4 CI	TY-SI-ZIP	
TITLE	DELETE	3.1 TH	LF	Change Addition
NAME		3.2 NA	ME	
STREET ADDRESS		3.3 ST	REFT ADDRES	as l
CITY-ST-ZIP		3.4. CI	TY-ST-ZIP	
TITLE	☐ DELET e	4.1 TIT	LE	Change Addition
NAME		4. 2 N/	AME	
STREET ADDRESS		4.3 ST	reet addres	ss
CITY-ST-ZIP		4.4 CII	Y-ST- <i>Z</i> IP	
THILE	DELETÉ	5.1 Til	LE	☐ Change ☐ Addition
NAME		5.2 NA	ME	
STREET ADDRESS		5.3 ST	REET ADDRES	is
CITY-ST-ZIP		5.4 CIT	Y-ST-ZIP	
TITLE	☐ DELETE	6.1 TIT	LE	☐ Change ☐ Addition
NAME		6.2 NA	ME.	
STREET ADDRESS		6.3 ST	reet addres	
CITY-ST-ZIP		6.4 CR	Y-ST-ZIP	

14. 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.