FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047867 (5)

JOHN C. BROUWER, P.A.

Principal Plac	e of Business	Ma	ailing Address					
SOO ANNA AVENUE SOO ANNA AVENUE CLEARWATER FL 34625 CLEARWATER FL 34625							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							07/02/1993	
2. Principal Place of Business 2a. Mailing Addre				ess			4. FEI Number Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-3189353 Not Applicable \$8.75 Additional	
22	π, BtG.	27					5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 3376	Country		^{Ζφ} 33765	Coi	untry	ý	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 3376	9. Name and Address of Curr	29 ent Regis		30	Т		10. Name and Address of New Registered Agent	
20				•	81	Name	10.	
BROUWER, JOHN C 500 ANNA AVENUE					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 94035 33765					83			
					03			
					84	City	B5 Zip Code	
SIGNATURE	m familiar with, and accept the obli- Signature, typed or pented name of registered in	gent and little	∉applicable (NO				uired when reinstating) DATE	
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DOUBLE TOUR C	_			1.1 TITLE 1.2 NAME		☐ Change ☐ Addition	
NAME CYDEET ANNDESS	STREET ADDRESS 500 ANNA AVENUE		1.3 STREET AD					
CITY-ST-ZIP	CLEARWATER FL 94925 3	3765				ST-ZIP		
TITLE	DELETE			2.1 T/TLE		Change Addition		
NAME			2.2 N		AME			
STREET ADDRESS						T ADDRESS		
CITY - ST - ZIP			DELETE			ST-ZIP	Change Addition	
TITLE NAME			וון טנננונ	3.1 T 3.2 N			L. Change L. Adolion	
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP						ST-ZIP		
TITLE			DELETE	4.1 T			☐ Change ☐ Addition	
NAME				4.21		i		
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP			DELETE	4.4 C 5.1 T		\$T-ZIP	Change Addition	
TITLE NAME			L_J DECERE	5.1 I 5.2 N			C Vilaige C Addition	
STREET ADORESS						T ADDRESS		
CITY-ST-ZIP						ST-ZIP		
TITLE			DELETE	6.17			Change Addition	
NAME				6.2 N	AME			
	i			I		I		

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 receivor 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

John C. Brouwer

4/15/98

FILED

Apr 21 1998 8:00am

Secretary of State

(813) 441-6439