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

CORPORATION

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FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
1. Corporation	MENT # P9300 S CORNER, INC.	0054	4621 (6)				Pik ar ipi biri			
Principal Place of Business 5421 GOLDEN NUGGET DRIVE HOLIDAY FL 34680 US		C/0 272	Mailing Address C/O E. LEBRON FREE, P.A. 2725 PARK DR S3 CLEARWATER FL-84823 3763-102 US			3. Date Incorporated or Qualified				7
2. Principal F 21 Suite, Apt.	Place of Business	26	Mailing Address			08/04/1993 4. FEI Number 59-3204972			plied For I Applicable	- - - -
22 City & Star		27	City & State	<u> </u>		Certificate of Status Desired Election Campaign Financing		Fee Re \$5.00	quired	-
23 Zip	Country	28	1033763-	Cou	ntry	Trust Fund Contribution 8. This corporation owes or has p	aid the curr	Added t	o Fees angible	}
24	25	29		0		Personal Property Tax due Juni 10. Name and Address of New Ro			No	1
	Name and Address of Curre EE, E. LEBRON	in negiste	red Agent		81 Name	10. Name and Address of New A	agistaled A	rgent		┪
SL CL	25 PARK DRIVE ITE 3 EARWATER FL-94623 To the provisions of Sections 607.05			l	83 City	ess (P.O. Box Number is Not Accepta	FL	85 33 changing its	inde -/L s registered	23
office or agent. I a	registered agent, or both, in the Stat im f am iliar with, and accept the obliq	e of Florida gations of, S	. Such change was au Section 60 7.0 505, Flori	thorize da Stat	d by the corporation utos	oration submits this statement for the on's board of directors. I hereby acce	pt the appo	ointment as	registered	
	Signature, type://or priction.earne.at regularies as agent to				Agont aignature require		DATE			<u>آ</u> د
12.	OFFICERS AND DIRECTORS		ORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		DIRECTOR:	S IN 12 Addition	∤ 8
NAME	DP DELETE MCGOWAN, KARL A		L_J DECEIL	1.1 7(TLE 1.2 NAME			i	L_1 Change	- Addition	1
STREET ADDRESS	# 444 AA BEN 1814AAFE AB				HEET ADDRESS					8
CITY-ST-ZIP	HOLIDAY FL				IY-\$T-ZIP					CR2E034 (10/97
TITLE	OVP DELETE		2.1 TITLE				Change	Addition	ਹਿੱ	
NAME	MÒGOWAN, MICHAEL			22 NA	ME (
STREET ADDRESS	6214 MASSINCHUSETTS AVI	E		2.3 ST	REET ADDRESS					1
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TITLE	<u> </u>		DELETE	6.1 Tri				Change	Addition	1
NAME				6.2 NA			·	-		
STREET ADDRESS				1	REET ADDRESS					

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.

6.4 CITY-ST-ZIP