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

P93000056292 (4) DOCUMENT #

1. Corporation Name SAAVEDRA & RIEMER, P.A. Principal Place of Business Mailing Address 2727 W. MLK BLVD 2727 W. MLK BLVD #660 #660 **TAMPA FL 33607** DO NOT WRITE IN THIS SPACE TAMPA FL 33607 US 3. Date Incorporated or Qualified 08/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3195234 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DINGLE: PHILLIP'S 101-E-KENNEDY-DLVD **B2** Street A SUITE-0700 BARNETT-PLAZA 83 84 Pursuant to the provisions of Sections 607.0502 and 697.1508, 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, any accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 687 PRESDEN 2/10/98 E001 **SIGNATURE** Signature, typed or printed name or registered agent and little if an signature required when reinstating: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE RIEMER, IRA A. NAME 1.2 NAME 2727 W. MLK BLVD #660 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Channe SAAVEDRA, JOSEPH J. 2.2 NAME 2727 W. MLK BLVD. #660 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 THLE ☐ Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ D£LETE Addition TITLE 61 TITLE 10000243333 NAME 6.2 NAME -02/17/98--01099--004 STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receivor or justee 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 - \$1 - ZIP

CITY-ST-ZIP

***150.00

FILED

Feb 17 1998 8:00am

Secretary of State