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 #

P93000056712 (1)

CALTAM, INC.

Principal Place of Business	Mailing Address		
28834 FALLING LEAVES WAY WESLEY CHAPEL FL 33543	28834 FALLING LEAVES WAY WESLEY CHAPEL FL 33543		
2. Principal Place of Business	2a. Mailing Address		
Suite Ant # etc	26 Suite Apt # stc		

FILED Feb 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1993

2/20/98

813/973_/898

	lace of Business	2a. Mailing Address			4. FEI Number Applied For				
21 26		26			59-3198421	No	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional			
27				S. Commond of Orallos Debites	Fee Re	beriupe			
City & State					Election Campaign Financing		May Be		
23 28					Trust Fund Contribution	Added	to Fees		
Zip	Country				8. This corporation owes or has paid the current year intangible				
			30	Personal Property Tax due June 30. Yes No			No		
	g. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent			
· JURGENSMEIER, GEORGE A				of Name					
28834 FALLING LEAVES WAY WESLEY CHAPEL FL 33543			82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
			183	1			İ		
			84	84 City 85 Zip Code					
				L	<u>FL</u>				
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 agont, 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, typed or printed harvic of registered age			ent signature require	ed when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	RS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			C1 Change	LI ADDITION		
NAME	TOTAL TOTAL CONTROL TO		1 2 NAME	1					
STREET ADDRESS	28834 FALLING LEAVES WAY		1.3 STREE	ADDRESS			Į į		
CITY-SY-ZIP				ST-ZIP		T-1-0:	 _}		
TITLE	DST	☐ DELETE	21 TITLE			Change	Addition		
NAME	JURGENSMEIER, EDNA G			1					
STREET ADDRESS			2.3 STREE	r address			İ		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		2. 4 CITY-	ST-ZIP					
TITLE		DELETE	3 1 TiTLE	ţ		Change	Addition		
NAME			3.2 NAME				ł		
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DECF1E	4.1 TITLE	i		Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ADDRESS			ļ		
CITY-ST-ZIP			4.4 City-	ST - ZIP					
TITLE	☐ DELETE		5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP					
TITLE		☐ DELE 1E	6.1 TITLE			Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS			i		
CHY-ST-ZIP			6 4 CITY-						
14. I hereby c	certify that the information supplied w	th this filing does not qualify f			Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the	information		
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 articlement with an address.									
Cana Jungensmeen									