| FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT  |   |   |  | FILED<br>May 06 1998 8:00am   |   |
|--|---|---|--|---|---|
| CORPORATION<br>ANNUAL REPORT<br>1998   |   | Sandra B. Mortham<br>Secretary of State<br>Division of Corporations   |  | Secretary of State  |   |
|  |   |   |  |   |   |
|  |   |   |  |   |   |
| Principal Place of Business<br>14160 MCCORMICK DR<br>TAMPA FL 33626<br>US  |   | Mailing Address<br>14160 MCCORMICK DR<br>TAMPA FL 33626<br>US   |  | DO NOT WRITE IN THIS SPACE  |   |
|  |   |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>08/26/1993</li> </ol>  |   |
| 2. Principal Place of Business   |   | 2a, Mailing Address<br>26   |  | 4, FEI Number   | Applied For<br>Not Applicable   |
| Suite, Apt.  | H, etc.   | Suite, Apt #, etc.  |  | 5. Certificate of Status Desired  | \$8.75 Additional   |
| City & State   |   | 27<br>City & State  |  | 6. Election Campaign Financing  | Fee Required  |
| Zip  | Country   | <b>28</b> ]Z(p)   | Country  | Trust Fund Contribution           8. This corporation owes or has paid the second seco |   |
| ]  | 25<br>g. Name and Address of Curre  | 29  | 30   | Personal Property Tax due June 30.<br>10. Name and Address of New Regist  | Yes 🗋 No  |
| , Pursuant I   | to the provisions of Sections 607.05  | 02 and COZ 1509 Elocide Proteit   |  |   | FL S ZIP COUP   |
| agent. La  | egistered agent, or both, in the Stat<br>m familiar with, and accept the obli-  | te of Florida, Such change was a gations of, Section 607.0505, Flo  | es, the above-named cor<br>authorized by the corpora<br>orida Statutes.  | poration submits this statement for the purp<br>tion's board of directors. I hereby accept th   | ose of changing its registered<br>e appointment as registered   |
| agent. I a<br>IGNATURE   | m familiar with, and accept the oblight<br>Signature, typed or printed name of requirered of  | gations of, Section 607.0505, Fig   | orida Statutes.<br>t: Registered Agent & gnature requ  | irad whon reinstating) C  | ATE   |
| agent. La<br>IGNATURE  | m familiar with, and accept the oblight<br>Signature, typed or printed name of requirered of  | gations of, Section 607.0505, Flo   | orida Statutes.  |   | ATE   |
| agent. I a<br>IGNATURE<br>2.<br>ILE<br>WE  | In familiar with, and accept the oblight<br>Stopastice, typed or printed harm of registered a<br>OFFICE RS AI<br>P<br>DEACON, WILLIAM | gations of, Section 607.0505, Fig<br>gen and taken applicable (NOT<br>ND DIRF CTORS   | Crida Statutes.     Registered Agent & gnature requirements     13.     11 THLE     12 NAME  | irad whon reinstating) C  | ATE<br>S AND DIRECTORS IN 12<br>Change Addition   |
| agent. I ar<br>IGNATURE<br>2.<br>ILE<br>WE<br>REET ADDRESS   | In familiar with, and accopt the oblight<br>Standard, typed or printed hards of registered a<br>OFFICERS AI                           | gations of, Section 607.0505, Fig<br>gen and tille a apple able (NOT<br>ND DIRE CTORS   | brida Statutes.<br>E Registered Agent & gnature required a gnature requi | irad whon reinstating) C  | ATE<br>S AND DIRECTORS IN 12<br>Change Addition   |
| agent. I ar<br>IGNATURE<br>2.<br>  | P<br>DEACON, WILLIAM<br>14160 MCCORMICK DR<br>TAMPA FL<br>ST  | gations of, Section 607.0505, Fig<br>gen and taken applicable (NOT<br>ND DIRF CTORS   | Crida Statutes.     Cregistered Agent & gnature requirements     13.     11 TITLE     12 NAME     1.3 STREET ADDRESS   | irad whon reinstating) C  | ATE<br>S AND DIRECTORS IN 12<br>Change Addition   |
| agent. I ar<br>IGNATURE<br>2.<br>ILE<br>WME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>WME<br>IREET ADDRESS   | P<br>DEACON, WILLIAM<br>14160 MCCORMICK DR<br>TAMPA FL<br>ST<br>YOUNG, DIANE<br>14160 MCCORMICK DR                                    | gations of, Section 607.0505, Fig<br>gen and tille a apple able (NOT<br>ND DIRE CTORS   | Trida Statutes.     Tengistered Agent & gnature requirements     13.     11 THLE     12 NAME     1.3 STREE1 ADDRESS     1.4 CHY-S1-ZIP     2.1 THLE     2.2 NAME     2.3 STREE1 ADDRESS  | irad whon reinstating) C  | S AND DIRECTORS IN 12   |
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