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

FILED Apr 16 1998 8:00am Secretary of State

DOCUMENT # P9300067089 (1) LAW OFFICE OF MIRIAM L. SUMPTER, P.A.						!		
Principal Place of Business		Mailing Address				T 88410 81111 18811 9 4701 10		
		•	*					
2700 N. MACDILL AVENUE SUITE 208		2700 N. MACDILL AVENUE	2700 N. MACDILL AVENUE SUITE 208					
TAMPA FL 33607		TAMPA FL 33607		1	DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified			
					09/21/1993			
	lace of Businoss	2a. Mailing Address	1 2		4. FEI Number	Ä	pplied For	
	W. COLUMBUS DRIVE	26 3115 W. Colui	nbus Deiv	UF	59-3206324	N	ot Applicable	
Suite, Apt		Suite, Apt. #, etc.	00		5. Certificate of Status Desired	×3 \$8.75	Additional	
22 Sui		27 Suite /	07		G. Commodic of States Desired	Fee R	equired	
City & State	mpA, FL.	City & State A M P A	FLA		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 334	607 Country U.S	^{7/10} 33667	Country US		8. This corporation owes or has pail Personal Property Tax due June	d the current year In	···	
24 3560 / 25 29 3360 / 30 U					10. Name and Address of New Rec			
Del Name								
2700 N. MACDILL AVENUE SUITE 208				82 Street Address (P.O. Box Number is Not Acceptable)				
SUI Tan	3//	<u>5</u> u?∄	W. Columbus D	RIVE				
,,,,		u , 7	E 107					
			84 City -		mpA		38c7	
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florigh Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with a cept the obligations of section 607.0505, Florida Statutes.								
SIGNATURE FORM 17 1998								
Signature: I fond or project name of registered agonities application (NOTE Registered Agonitis signature required when reinstalling) DATE								
12.	OFFICERS AND		13.	T 56	ADDITIONS/CHANGES TO OFFICE			
TITLE	D ANDIANA	☐ DELETE	1 1 TITLE	D		M Change	Addition	
NAME SUMPTÉR, MIRIAM L			1.2 NAME		RIAM L. SUMPT		TS 107	
STREET ADDRESS	2700 N. MACDILL AVENUE, SUI	IIE 208	1.3 STREET ADDRESS	1	15 W. COLUMBU		" 107	
CITY - ST - ZIP	TAMPA FL	T or the	1.4 CITY-ST-ZIP	1-17	MPA , FLA 3	3607		
TITLE	·	DELFTE	2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY - ST - ZIP			2. 4 CITY-ST-ZIP	ļ <u>.</u>			F1	
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CITY - ST - ZIP			3.4. CITY-ST-ZIP		·			
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NAME			4 2 NAME				1	
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City-St-ZiP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE	ĺ		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
THTLE		☐ DELETE	6.1 TITLE .			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 C(TY-ST-ZIP					
14. I hereby c	ertily that the information supplied with	this filing does not qualify for t	the exemption state	d in Sec	ction 119.07(3)(i), Florida Statutes. I fi	urther 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 chapter 6, ir on an attachment with an address.