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

1	MENT # P9300 AR INC.	0068520 (4))			
Principal Plac	e of Business	Mailing Address			II PAIRE BENEN NIDEN GANN NAS	
6440 62ND A	VE N	6440-62ND AVEUE NOR	тн	}		
#105		SUITE 105		DO AIOT INDIAG (NITHIO)	ODACE.	
PINELLAS PARK FL 33781		PINELLAS PARK FL 34665 US			DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified	
US		05		09/27/1993		
2. Principal F	Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		59-3215602	Not Applicable	
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Commedia of class pessed	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	1his corporation owes or has paid the cur Personal Property Tax due June 30.	Year Intangible	
2-7	9. Name and Address of Curre		1901	10. Name and Address of New Registered		
ST	OUT, G R		81 Name			
111 12TH STR		•	82 Street	Address (P.O. Box Number is Not Acceptable)		
BELLEAIR BCH FL 33786						
			83			
			84 City	FL	85 Zip Code	
SIGNATURE:	Signature, typed or printed name of registered ag	ent and tilk if opplicable INC ID DIRLCTORS	DIE: Registered Agent signature	o required when reinstaing) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELFTE	1.1 TITLE		Change Addition	
NAME	STOUT, GARTH R		1.2 NAME			
STREET ADDRESS	111 12TH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BEACH FL		1.4 Cft Y - St - ZiP			
TITLE	D	L] DELETE	21 TITLE		Change Addition	
NAME	YOUNG, M.J.		2.2 NAME			
STREET ADDRESS	111-12TH STREET BELLEAIR BEACH FL		2.3 STREET ADDRESS	8.		
CITY-ST-ZIP	BELLEAIN BEAUTIFE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREFT ADDRESS			
CITY-ST-ZIP			3.4. CITY - \$1 - 21P			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME			5.1 TITLE 5.2 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-\$1-ZIP			5.4 CHY-ST-ZIP			
TITLE		DELETE	61 111LE		Change Addition	
NAME	6		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-2IP			6.4 CITY - ST - ZIP			

14. 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 offect 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.

SIGNATURE:

G.R.

FILED

Jan 20 1998 8:00am

Secretary of State