## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  990.0C CURRIE DAVIS DR TAMPA FL 33619  US  2. Principal Place of Business 3. Do Not Applied For 10/05/1993 4. FEI Number 5. Certificate of Status Desired Set. 5. Set. 5. On May Be Added to Fee Required 4. FEI Number 5. Certificate of Status Desired Set. 5. Set. 5. On May Be Added to Fee Required 4. FEI Number 5. Certificate of Status Desired Set. 5. Set. 5. Set. 5. Set. 5. Set. 6. S
TAMPA FL 33619 US  C-10 TAMPA FL 33619 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/05/1993  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Suite, Apt. #, etc. 59-3203763 Not Applied For 59-3203763 Not Applied For 59-3203763 Not Applied For 59-3203763 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 28 Country 29 20 20 21 27 Country 21 22 28 Country 30 Country 4. FEI Number 59-3203763 Not Applied For 59-32
3. Date Incorporated or Qualified 10/05/1993 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Find pale Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/05/1993 4. FEI Number 59-3203763 INct Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Status
10/05/1993  2. Principal Place of Business   2a. Mailing Address   2a. Mot Applicable   2a. Mot Applicable
2. Principal Place of Business 2. Mailing Address 3. Surio, Apt. #, etc. 3. Certificate of Status Desired Fee Required 3. City & State 3. Country Fee Required 3. Country Fee Required 3. Trust Fund Contribution Added to Fees 3. This corporation owes or has paid the current Fear Intangible Personal Property Tax due June 30. Yes No 3. Name and Address of Current Registered Agent 3. Name Address of New Registered Agent 3. Street Address (P.O. Box Number is Not Acceptable) 4. FEI Number 5. Certificate of Status Desired Status
Suite, Apt. #, etc.  22 27 City & State 28 Country 29 29 29 30 Country 21 Personal Property Tax due June 30.  BALLARD, JACK 9940-C CURRIE DAVIS DR TAMPA FL 33619 Suite, Apt. #, etc.  Suite, Apt. #, etc.  5, Certificate of Status Desired Fee Required  6, Election Campaign Financing Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
Suite, Apt. #, etc.  27  City & State  City & State  28  Country  Zip  Country  29  Name and Address of Current Registered Agent  BALLARD, JACK 9940-C CURRIE DAVIS DR TAMPA FL 33819  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  5. Certificate of Status Desired Fee Required  Further Fund Contribution
City & State   Country   Zip   Country   Zip   Country   Zip   Country   R. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. Yes   No   Name and Address of Current Registered Agent   Name   Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   Raddress (P.O. Box Number is Not Acceptable)
28 Trust Fund Contribution Added to Fees  Zip Country Zip Country  28 Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  8. Name and Address of Current Registered Agent  BALLARD, JACK  9940-C CURRIE DAVIS DR  TAMPA FL 33619  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code
24 25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  BALLARD, JACK 9940-C CURRIE DAVIS DR TAMPA FL 33619  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code
9. Name and Address of Current Registered Agent  BALLARD, JACK 9940-C CURRIE DAVIS DR TAMPA FL 33819  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code
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9940-C CURRIE DAVIS DR TAMPA FL 33619  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code
TAMPA FL 33619  83  84 City FL 85 Zip Code
84 City FL 85 Zip Code
I TIL Fursuant to the provisions of sections out look and out, 1908, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its fedistere.
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relifications).  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D GREETE 1.1 TITLE GREET Addition
NAME BALLARD, JACK 1.2 NAME
STREET ADDRESS 9940-C CURRIE DAVIS DR 1.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP
TITLE 21 TITLE Change Addition
NAME GERLEMAN, LARSTEN 22 NAME
STREET ADDRESS 9940-C CURRIE DAVIS DR 23 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP
TITLE         DELETE         31 TITLE         Change         Addition
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Charge         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP
STREET ADDRESS   DELETE   DELETE   STRIET   DELETE   DELETE   DELETE   Addition   Addi
STREET ADDRESS   STRE
Street Address   Stre
STREET ADDRESS   STRE
STREET ADDRESS   STRE

14. I hereby 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver curvate employee does used to be executed by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an appears.

**FILED** 

Jan 28 1998 8:00am

Secretary of State