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 # P9300079362 (8)

Principal Plan 10002 PRINC STE #304	CESS PALM AVE	Mailing Address 10002 PRINCESS PALM STE #304	AVE		DO NOT WRITE IN THIS SPACE
TAMPA FL 33619 US		TAMPA FL 33619 US			3. Date Incorporated or Qualified
υş		US			11/17/1993
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For
ī		26			59-3220147 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			ER 75 Additional
27		27			5. Certificate of Status Desired Fee Required
City & Sta	ale	City & State	City & State		6. Election Campaign Financing \$5.00 May Be
, <u> </u>		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
•	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30		Personal Property Tax due June 30. X Yes No
 -	9. Name and Address of Curr	eni riegistered Agent	81	Name	10. Name and Address of New Registered Agent
	ARRINGTON JR, THOMAS D			THUTTE	
	1002 PRINCESS PALM AVE		82	Street A	ddress (P.O. Box Number is Not Acceptable)
STE #304			83		· · · · · · · · · · · · · · · · _ · _
I.A	MPA FL 33619				
			64	City	FL 85 Zip Code
SIGNATURE	Signature, typed or punted name of regulared of FTICERS A	ND DIRECTORS	13.	nt signature re	aquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	PDC	DELETE	1.1 TITLE		∠ Change ☐ Additio
AME KLINGHOFFER, MEL. TREET ADDRESS 4604 CLARKSDALE LANE			1.2 NAME	1000500	
TREET ADDRESS	BRANDON FL		1.3 STREET	ADDRESS	RRAUNAL EL ZZCII
HTY-ST-ZIP ITLE	S	DELETE	1.4 CITY-S 2.1 TITLE	1-219	BRANDON, FL 33511 ANA B ALFONSO TAMPA, FL 33619
IAME	BEDRAN, ANA		2.2 NAME	}	AND B DIENNED
TREET ADDRESS	the second secon		2.3 STREET ADDRESS		ANN B. ACTURED
ITY-ST-ZIP	TAMPA FL	L, #001	2. 4 CITY - S	ST-ZIP	TAMBA EL 33619
ITLE	77,711111111111111111111111111111111111	☐ DELETE	3.1 TITLE		Change Additio
AME			3.2 NAME		
TREET ADDRESS			3.3 STREET	ADDRESS	
ITY-ST-ZIP			3 4. CITY - S	I - ZIP	
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AME			4. 2 NAME		
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AMÉ			6.2 NAME		
REET ADDRESS			6.3 STREET	1	
CITY-ST-ZIP			6.4 Cily - Si	T-ZIP [

14. Thereby 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 of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the conformation or the receiver or trustyle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cyanged, or on an area than address?

FILED

Apr 23 1998 8:00am

Secretary of State