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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1. Corporatio	MENT# P9300(B PUB, INC.	0083557 (7)			
Principal Place of Business 6902 RIDGE RD PORT RICHEY FL 34668 US		Mailing Address 6902 RIDGE ROAD PORT RICHEY FL 34668		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/22/1993	
2. Principal Place of Business		2a. Mailing Address	. 	4. FEI Number Applied F	-or
21		26		59-3211786 V Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & State	в	City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible	
24	25	29 3	0	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	I Registered Agent		10. Name and Address of New Registered Agent	
COHEN, JOANNA G			81 Name <i>6 E</i>	FORCE + DIANNA PHILLIPS dress (P.O. Box Number is Not Acceptable)	
6902 RIDGE ROAD PORT RICHEY FL 34668					
Po	KI KIUNET PL 34008		83	202 RIDGE ROAD	
					- n
			84 City Po K	RT RICHEY FL 85 Zip Code 34668	,
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutos	the above-named con	rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as register	lered
agent. I a	if lamiliar with, and accept the Oiliga	ations of Section 607.0505, Flori	da Statutes.	ation's board of directors. Thereby accept the appointment as registe	лео
SIGNATURE	Signature, typed or printed name of registered age	Cleps		4-6-98	
12.	Signature, typicd or printed harner of registered age OFFICERS ANI	··· · · · · · · · · · · · · · · · · ·	Registered Agent signature request 13.	uired whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	2
THLE	D	DELETE	1.1 TILLE	Change A	ddition .
NAME	COHEN, JOANNA G		1.2 NAME	GORGE R. PHILLIPS	
STREET ADDRESS	7414 FAIRWOOD AVENUE		1.3 STREET ADDRESS	6651 PATTY CT	
CHTY-ST-ZIP	NEW PORT RICHEY FL 34652			IEW PORT RICHEY FL. 34653	
TITLE		DELETE	2.1 TITLE		ddilion
NAME				DIANNA L. PHILLIPS	
STREET ADDRESS			# 10 0 11 16 C 1 16 C 17 C C C C C C C C C C C C C C C C C	651 PATTY CT.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP N	EW PORT RICHEY FL. 34653	
TITLE		□ DELETE	3.1 TITLE	Change A	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change A	ddition
NAME			4.1 STILE 4.2 NAME	L. Cualife L. N	JUNION
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change A	ddition

CITY-ST-ZIP 14. I 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 effect as if made under eath; 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 it changed, or on an attachment with an address.

5.2 NAME

6.1 111LE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

7-12-90

Change

Addition

FILED

Apr 13 1998 8:00am

Secretary of State