## 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 # P93000088245 (4)

## **FILED** Jan 26 1998 8:00am Secretary of State

CANAC	UIA COUNTY UNCOLOGY	T F:A:			
Principal Plac	Mailing Address	g Address			
3683 BEE RIDGE ROAD		3663 BEE RIDGE ROAD			
SARASOTA F		SARASOTA FL 34233			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/21/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>65-0455920</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
28 28					Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	n negistered Agent		81 Name	10. Name and Address of New Registered Agent
	RTER, ALAN H			81 Name	J
3863 BEE RIDGE ROAD			İ	<b>62</b> Street	t Address (P.O. Box Number is Not Acceptable)
SAI		1			
			i	B3	
			ļ	<b>84</b> City	FL 85 Zip Code
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					
0.0.0.0.0.0.0	Signature, typed or printed name of registered aga			Agent signature	re required when reinstaling) DATE
12.	<del></del>	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	LE	☐ Change ☐ Addition
NAME	1 10		1.2 NA	ME	
STREET ADDRESS 3663 BEE RIDGE ROAD			1.3 STREET ADDRESS		·
CITY-ST-ZIP	SARASOTA FL 34233		_	Y-ST-ZIP	
TITLE	D	☐ DELE <b>TE</b>	2.1 T(T		☐ Change ☐ Addition ☐
NAME	DICKENS, W J		2.2 NA	ME	
STREET ADDRESS	3663 BEE RIDGE ROAD		2.3 STF	REET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233			Y-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TIT	LE	Change Addition
NAME	Golder, Stephen L		3.2 NAI	ΜE	
STREET ADDRESS	3663 BEE RIDGE ROAD		3.3 STF	REET ADORESS	
CITY-ST-ZIP	SARASOTA FL 34233			Y-ST-ZIP	
TITLE		L. DELETE	4.1 TIT	LE	Change Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STF	REET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 TIT	.Ē	Change Addition
NAME			5.2 NAI	ME	
STREET ADDRESS			5.3 STF	EET ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CIT	Y-ST-ZIP	
TITLE		DELETE	61 TH	.E	☐ Change ☐ Addition
NAME			62 NAI	ME	
STREET ADDRESS			6.3 STF	EET ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	
	ertify that the information supplied w	th this filing does not qualify for			ted 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 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.