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

· ·	MENT # P94000 T TITLE & FINANCIAL SERVI	• •			YA 1880 ANNA 1880 ANN 1881
Principal Place of Business Mailing Address				{	ING NIBIN BONE TAKAN BANCABU
1715 W. CLEVELAND STREET TAMPA FL 33606 US		1715 W. CLEVELAND STREET TAMPA FL 33606 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
Dringing C	Place of Business	Las Mallas Address		01/07/1994	1 1
2. Principal P	Tace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	···	59-3217773	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
(HILL, EUWARD A.					
1715 WEST CLEVELAND STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606					····
			84 City	FI	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					
Signature, typed or printed name of registered agent and title if applicable (NOTE			TE. Registered Agent signature requi		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	LANGFORD, E.C.	E DITTE	1.2 NAME		C Change C Abdition
STREET ADDRESS	1715 W. CLEVELAND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP		
TITLE	DST	DELETE	2.1 TITLE		Change Addition
NAME	HILL, EDWARD A		2.2 NAME		
STREET ADDRESS	1715 W. CLEVELAND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		2. 4 CITY-ST-ZIP		
TITLE	DP	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANGFORD, DEBRA K		3.2 NAME		
STREET ADORESS	1715 W. CLEVELAND STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606	Dritte	3.4, CITY-ST-ZIP		Obana D Addition
TITLE	D DEGLOOVEDE MUDIEL	DELETE "	4.1 TITLE		L Change L Addition
NAME OTDERY ADDRESS	DESLOOVERE, MURIEL		4, 2 NAME		
STREET ADDRESS	1715 W. CLEVELAND STREET TAMPA FL 33606		4.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	REEVES, VICKI L		5.2 NAME		
STREET ADDRESS	1715 W. CLEVELAND STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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.

3/1/98

CR2E034 (10/97)

FILED

Mar 30 1998 8:00am

Secretary of State