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 #

P94000002369

MALEITANO CAMPBELL & DICKSINON, P.A.

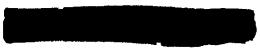
MALFITANO CAMPBELL & DICKINSON, P.A.

(correct spelling)

FILED

98 FEB 24 AM 10: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e of Busines	s	Mailing	Mailing Address							
101 E. KENNE	EDY BLVD.		101 E	101 E. KENNEDY BLVD.							
SUITE 1080				SUITE 1080				DO NOT WRITE IN THIS SPACE			
TAMPA FL 33	602		TAMPA	TAMPA FL 33602				3, Date Incorporated or Qualified			
								,			
2. Principal P	lace of Busin	ness	2a. Mail	ing Address				01/11/1994 4. FEI Number	Applied For		
21			<u> </u>	26				59-3219331	Not Applicab	<u></u>	
Suite, Apt.	#, etc.		 	Suite, Apt. #, etc.					\$8.75 Additional	110	
22			⊢	27				6. Certificate of Status Desired	Fee Required		
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be	_	
23			28	28				Trust Fund Contribution	Added to Fees		
Zip	Country		Zip					8. This corporation owes or has paid the currer		_	
24		25	29		30			Personal Property Tax due June 30.			
9. Name and Address of Current F			rrent Registered	egistered Agent				10. Name and Address of New Registered Agent			
MAI	FITANO.	MICHAEL D			8	I N	lame				
101 E. KENNEDY BLVD.						1	dunal Andala	(D.O. Day M. makes is Med Assessable)	······································	_	
	TE 1080	or octo.		B2 Str			ireet Addi	et Address (P.O. Box Number is Not Acceptable)			
	MPA FL 330	ลกอ			8	-				_	
IAN	111 A I L 031	70£				_					
					84	۱ c	ity	FL ^l	35 Zip Code		
11. Pursuant t	to the provis	ions of Sections 607	0502 and 607.150	08. Florida Statute:	s. the abov	/e-na	amed corp	poration submits this statement for the number of ch	eanging its registere	7	
office or re	egistered ag	ent, or both, in the S th, and accept the o	tate of Florida. Su	ich change was au	uthorized b	v the	e corporati	tion's board of directors. I hereby accept the appoin	tment as registered	٦	
Ū	i i i i i i i i i i i i i i i i i i i	in, and accept the o	uligations of, sect	iion 607.000, Fior	ida Statute	88.				ı	
SIGNATURE	Signature typed	or printed name of registere	d agent and title if applic	able (NOTE:	Registered Ad	ient si	onature require	red when reinstating) DATE		-	
12.			AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12		
TITLE	P			X DELETE	1.1 TITLE		P		Change Addition	ᆏ	
NAME	MALIFAT	ANO, MICHAEL			1.2 NAME		CZ	AMPBELI, JOHN W.	-		
STREET ADDRESS 101 E. KENNEDY BLVD., SUITE			UITE 1080					101 E. Kennedy Blvd., Suite 1080			
CITY-ST-ZIP	TAMPA I				1.4 CITY-			ampa, FL 33602	#00 1000		
TITLE		· T		DELETE	2.1 TITLE	<u> </u>	v		Change X Additio	ᇧ	
NAME					2.2 NAME		,	ICKINSON, JOHN F.			
STREET ADDRESS					2.3 STREE			01 E. Kennedy Blvd., Su	1+0 1080		
CITY-ST-ZIP					2.4 CITY-			ampa, FL 33602	1000		
TITLE				DELETE	3.1 TITLE	31-21		ampa, FL 33002	Change X Additio	ᅴ	
				C	3.2 NAME		T	L THE OWENE THE	Orango #31 Madico	"	
NAME STREET ADDRESS					1		pree MA	ALFITANO, MICHAEL D.		-	
					3.3 STREE		uroo 1 (ite 1080		
CITY-ST-ZIP				DELETE	3.4. CITY - 4.1 TITLE	SI-Zi		ampa, FL 33602	Change X Additio	_	
- 1				_ beene			S	_	Overide TV Vocilio	"	
NAME CTOCCT ADDDCCC					4. 2 NAME		K 1	TCHEN, F. DAMON	14 - 4005		
STREET ADDRESS					4.3 STREE			1 E. Kennedy Blvd., Su	rce 1080		
CITY-ST-ZIP				DELETE	4.4 CITY -:	ST-ZIF	Ta	ampa, FL 33602	Ohanna 1 4 4 97 1	4	
TITLE				L_ DELETE	5.1 TITLE			1000024497	Change Additio	η	
NAME					5.2 NAME			-03/06/98011	7008		
STREET ADDRESS					5.3 STREE			****150.00 **	***150.00		
CITY-ST-ZIP				D believe	5.4 CITY - :	ST-ZIF	<u> </u>			_	
TITLE				DELETE	6.1 TITLE			LJ	Change Additio	n	
NAME					6.2 NAME				\sim 1	1	
STREET ADDRESS					6.3 STREE	(ADDF	RESS		aD1/2	II	
CITY-ST-ZIP					6.4 CITY - :	ST-ZIP	,		WILL	フ	

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.