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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra'ß. Mortham

FILED

May 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address	
7061 \$ TAMIAMI TRAIL SUITE 204 SARASOTA FL 34231 SOURCE 204 SARASOTA FL 34231 SOURCE 204 DO NOT WRITE IN THIS SPACE: 3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number April	plied For
⊢¬ '	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Cartificate of Status Desired 7 \$8.75 At	
22 27 Fee Roc	
City & State City & State 6. Election Campaign Financing \$5.00 M 28 Trust Fund Contribution Added to	
Zip Country 7(p) Country 8. This corporation owes or has paid the current year Intal	
24 25 29 30 Personal Property Tax due June 30. 🔀 Yes 📋	No
9. Name and Address of Current Registered Agent GARDI, LES 10. Name and Address of New Registered Agent Name	
7061 \$ TAMIAMI TRAIL SUITE 204 \$ARASOTA FL 34231 84 City FL 85 Zip C 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 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 reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	1
Signature. Myriod or printed name of registered egent and title it epitication. (NOTE Registered Agent signature required when reinstating). DATE 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	211140
	Addition
NAME CERINETT, ALLEN S 12 NAME	_
STREET ADDRESS 7061 S TAMIAMI TRAIL 1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 14 DITY-ST-ZIP	
TITLE DELETE 21 TITLE President Change	Addition
TITLE DELETE 21 TITLE NAME 22 NAME Teres a Terratti 23 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE True President Change Chang]
STREET ADDRESS 7061 5 Taninh. Trail	
CITY-ST-ZIP	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	ľ
CITY-SI-ZIP 3.4 CITY-S1-ZIP	l
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CiTY-ST-ZIP	
	☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	ŀ
CITY-ST-ZIP	Addition
TITLE L_DELETE 6.1 TITLE AMME 62 NAME	L AUGITOR
STREET ADDRESS 6.3 STREET ADDRESS	

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 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.