## 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

1. Corporation	IENN, INC.	026389 (4)			
Principal Place of Business Mailing Address				- I ARMINING HIM HAVIN AND HIM MANING MUNING	1188 11181 18118 1811 1886
11301 US 19 3073 DELIGNA BLYD.					
PORT RIGHT FL 54606 SPRING-HILL FL 34606				DO MOT MIDITO METALLO	
-89		<del>-</del>		DO NOT WRITE IN THIS SP	AUE
				3. Date Incorporated or Qualified 04/04/1994	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
			119	59-3234253	Not Applicable
		26 / ( 9 c) U Suite, Apt. #, etc.			\$8.75 Additional
27		h—		5. Certificate of Status Desired	Fee Required
I City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	recited Eu	28 Pont Ric 210 3466 t	imp PL	Trust Fund Contribution	Added to Fees
24 Zip 346	Country 25 PASCU	3466 f	Country	8. This corporation owes or has paid the current	
24 076			30 PASC	Personal Property Tax due June 30.  10. Name and Address of New Registered Ag	Yes DKNo
9. Name and Address of Current Registered Agent  ACCOURTS - PARTICIA  81 Name 2					Join
M <del>eschies, patrio</del> la 3 <del>073-deltona blvd</del> .			1 1 1 1 1 1 1 1 1	GERMOINU HIRD	
SPRING HILL FL 34608			82 Street A	Address (P.O. Box Number is Not Acceptable)	·
			83	FERRING SUV. PONT	
			84 City		os Zin Codo
•			1 1 2 7	NAM (LICHARY 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 legillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or punted harme of registered agent and talle if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D	DELETE	1.1 TITLE	· [	Change Addition
NAME	MESCHES, PATRICIA	-	1.2 NAME		
STREET ADDRESS	3073 DELTONA BLVD. SPRING HIKL FL-34806		1.3 STREET ADDRESS		
CITY-ST-ZIP	OFFICE FILE PL 34606	DELETE	1.4 CiTY-ST-ZiP		Change Addition
TITLE	NIRO, BERARDINO	L DELETE	21 TITLE	L	Change Addition
NAME CIDICI ADDOCCO	9226 RAINBOW LANE		2.2 NAME		
STREET ADDRESS	PORT RICHEY FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	I ONI MONET FE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	PLETIPEMO I SECRETARY HOWARD BELMEL 3001 DELTONA BLUD SPRINC HIM FL 34	Change KAddition
NAME			3.2 NAME	Handala Reader	0.
STREET ADDRESS			3.3 STREET ADDRESS	ROAL ACTUAL CONTRACTOR	
CITY-S1-ZIP			3.4. CITY-ST-ZIP	SOLING NOW COLVE	606
TITLE		DELETE	4.1 TITLE	37	Change Addition
NAME			4. 2 NAME	_	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY - ST - 7IP		

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 trustedee 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.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

3-30.91

813 861 1996

Addition

**FILED** 

Apr 21 1998 8:00am

Secretary of State