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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1998 8:00am

Secretary of State

11.79.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029295 (0)

STEPHAN A. PENDORF, P.A.

Principal Place of Business Mailing Address 600 N WEST SHORE BLVD 600 N WESTSHORE BLVD STE 1000 STE. 1000 DO NOT WRITE IN THIS SPACE TAMPA FL 33609 TAMPA FL 33609 3. Date Incorporated or Qualified <u>01/01/1994</u> 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 3940 Venetian Way P.O. Box 20445 59-3215896 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Tampa, FL Tampa, FL П 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Zip Country Zio 24 33634 25 US 29 33622-0445 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes ŲS 10. Name and Address of New Registered Agent PENDORF, STEPHAN A Stephan A. Pendorf 600 N WEST SHORE BLVD, STE 1000 Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33609** 3940 Venetian Way City Tampa Zip Code 33634 11. Pursuant to the provision of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agon, 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, 1 am familiar with and accept the distribution, Section 607.0505, Florida Statutes. OFFICERS A DIBLOTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 THLE Change Addition NAME PENDORF, STEPHAN A 1.2 NAME 3940 Venetian Way STREET ADDRESS 600 N WEST SHORE BLVD, STE 1000 1.3 STREET ADDRESS Tampa, FL 33634 CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Addition 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 true doe expowered 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 attaching with a didness.