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 #

P94000043684 (7)

JOHN M. YATSCO, P.A.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address SUITE 303. GLADES BUILDING 877 EXECUTIVE CENTER DRIVE WEST ST. PETERSBURG FL 33702 SLITE 303. GLADES BUILDING 877 EXECUTIVE CENTER DRIVE WEST DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified 06/10/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-3247884 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MASCARA, ERNEST L SUITE 303, GLADES BUILDING Street Address (P.O. Box Number is Not Acceptable) 877 EXECUTIVE CENTER DRIVE WEST 83 ST. PETERSBURG FL 33702 RΔ City 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 prededituring of required agent and title diapposable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition PSTD TITLE 1110UF YATSCO, JOHN M NAME 1.2 NAME 4830 PARADISE WAY SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33705 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ■ Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - S1 - ZIP DEI ETE TITLE 4 1 1/1LE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 5.1 TO LE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing closs 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

SIGNATURE:

Deathor man

4-24-98

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