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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|   | AMADD   | A LIMOS, INC.                          | 0059844 (8)                        |                                     |                                   |   |                                     |
|---|---|--|------------------------------------|-------------------------------------|-----------------------------------|---|-------------------------------------|
| Principal Place of Business Mailing Address   |   |  |                                    |                                     |                                   | L CARBERRO (CA. SECT. MIRL) ABILI ABILI ABILI ABILI SEC | i Stiff ibans inter nant, name junt |
|   |   |  | 35246 US HIGHWAY 19 I              | 19 NORTH                            |                                   |   |                                     |
| #120<br>PALM HARBOR FL 34684-1931   |   |  | #120<br>PALM HARBOR FL 34684-1931  |                                     | DO NOT WRITE IN TH                | HIS SPACE   |                                     |
| FALM HANDON FE 34004/1831   |   |  | FALM HARDON PL 94004-1931          |                                     | 3. Date Incorporated or Qualified |   |                                     |
|   |   |  |                                    |                                     |                                   | 08/15/1994  |                                     |
| 2.  | Principal Pi  | lace of Business                       |                                    |                                     | 4. FEI Number                     | Applied For   |                                     |
| 21  |   | 26                                     |                                    |                                     |                                   | 59-3309439  | Not Applicable                      |
| _   | Suite, Apt.   | e, Apt. #, etc. Suite, Apt. #, etc.    |                                    |                                     |                                   | 5. Certificate of Status Desired                        | \$8.75 Additional                   |
| 22  | City & State  |  | City P. State                      | 7 City & State                      |                                   |   | Fee Required                        |
| 23  | City & Stati  | <b>u</b>                               | <b>├</b> ¬ '                       | City & State                        |                                   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be<br>Added to Fees      |
| 23  | <b>Z</b> ip   | Country Zip                            |                                    |                                     |                                   | 8. This corporation owes or has paid the                |                                     |
| 24  |   | Country Zip Coi                        |                                    |                                     |                                   | Personal Property Tax due June 30.                      | Yes No                              |
|   | 9. Name and Address of Current Registered Agent                 |  |                                    |                                     |                                   | 10. Name and Address of New Register                    | red Agent                           |
|   | DONATO, SAMUEL A.   |  |                                    |                                     | Name                              |   |                                     |
|   | 2998 FARNHAM WAY  |  |                                    | 82                                  | Street Add                        | ress (P.O. Box Number is Not Acceptable)                |                                     |
| CLEARWATER FL 34621   |   |  |                                    |                                     |                                   |   |                                     |
|   |   |  |                                    | 63                                  |                                   |   |                                     |
|   |   |  |                                    | 84                                  | City                              |   | 85 Zip Code                         |
|   | Distance  | to the provision of Continue COZ OFO   | 0 d C07 (E00 FILMS FILM)           | 1 1                                 |                                   |   | al changing its sociations of       |
| 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 objection 607.0505, Florida Statutes. |   |  |                                    |                                     |                                   |   |                                     |
|   |   |  |                                    |                                     |                                   |   |                                     |
| SIGNATURE Slowthure, typical or printed name of registered agrent and title if approachibe (NOTE: Re  |   |  |                                    |                                     | nt signature requi                | ired when reinstating) DA                               | 28-98                               |
| 12  | ,   | OFFICERS AN                            |                                    | 13.                                 |                                   | ADDITIONS/CHANGES TO OFFICERS                           | AND DIRECTORS IN 12                 |
| TITI  | LE  | PD DELETE                              |                                    | 1.1 TITLE                           |                                   |   | Change Addition                     |
| NAJ   | ME  | DONATO, SAMUEL A                       |                                    | 1.2 NAME                            |                                   |   |                                     |
| STR   | REET ADDRESS  | 2998 FARNHAM WAY                       |                                    | 1.3 STREET ADDRESS                  |                                   |   |                                     |
|   | Y-ST-ZIP  | CLEARWATER FL 34821                    | Delega                             | 1.4 CITY-ST-ZIP                     |                                   |   |                                     |
| TITL  | - I   | SALEON REALIMINE M                     | ☐ DELETE                           | 2.1 TITLE                           |                                   |   | Change Addition                     |
|   | ME EMERY, JEANNINE M  |  |                                    | 2.2 NAME                            |                                   |   |                                     |
|   | STREET ADDRESS 2998 FARNHAM WAY CITY-ST-ZIP CLEARWATER FL 34621 |  |                                    | 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP |                                   |   |                                     |
| TITE  | <del></del> +   | n                                      | DELETE                             | 2. 4 CHY - S                        | 51-ZIP                            |   | Change Addition                     |
|   | AME OTTELIN, CHARLES  |  |                                    | 3.2 NAME                            |                                   |   |                                     |
|   | REET ADDRESS  | 5197-62ND ST N                         |                                    | 3.3 STREET                          | ADDRESS                           |   |                                     |
|   | CITY-ST-ZIP KENNETH CITY FL                                     |  |                                    | 3.4. CITY - S                       |                                   |   |                                     |
|   | TITLE   |  | DELETE                             | 4.1 TITLE                           |                                   |   | Change Addition                     |
| NAA   | ME .  |  |                                    | 4. 2 NAME                           |                                   |   |                                     |
| STR   | REET ADDRESS  |  |                                    | 4.3 STREET                          | ADDRESS                           |   |                                     |
|   | CITY-ST-ZIP   |  |                                    | 4.4 City-St-ZiP                     |                                   |   |                                     |
| TITE  | i   |  | ☐ DELETE                           | 5.1 TITLE                           |                                   |   | Change Addition                     |
| NAM   |   |  |                                    | 5.2 NAME                            |                                   |   |                                     |
|   | TREET ADDRESS   |  |                                    | 5.3 STREET                          | · [                               |   |                                     |
|   | Y+ST-ZIP  |  |                                    | 5.4 CITY-S                          | 1 - ZIP                           |   | Change Addition                     |
|   | ITLE<br>AME   |  |                                    | 6.1 TITLE<br>6.2 NAME               |                                   |   |                                     |
|   | NEET ADDRESS  |  |                                    | 6.3 STREET                          | ADDRESS                           |   |                                     |
|   | Y-ST-ZIP  |  |                                    | 6.4 CITY-S                          |                                   |   |                                     |
|   | . I hereby c  | ertify that the information supplied w | ith this filing does not qualify f | or the exempt                       | tion stated in                    | Section 119.07(3)(i), Florida Statutes. I furthe        | er 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 trustre 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.                  |   |  |                                    |                                     |                                   |   |                                     |