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

DOCU 1. Corporatio DENS,		006294	1 (7)					
Principal Plac	e of Business	Mailing Addr	ess			U HOURINGE THE NUTTH BEATH BOURT BEATH CONFIDENCE	HIE ORBITA HAVIN BIO	D) { 0 1 0 0 0 0 0 0 0 0
880 6TH STREET SOUTH ST PETERSBURG FL 33701		880 6TH STREET SOUTH PO BOX 300 ST PETERSBURG FL 33731 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1994		
2. Principal P	Place of Business	2a, Mailing A	ddress			4. FEI Number	- Ar	oplied For
21		26				59-3268866	<u>-</u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75	
City & Stat	е	City & Sta	ite			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added (
Zip	Country	Zip		Country		B. This corporation owes or has paid the co		
24	25	29		30		Personal Property Tax due June 30.	Yes [No
	g. Name and Address of Curren	nt Registered Age	nt			10. Name and Address of New Registered	1 Agent	
SOSA, ROBERTO A 880 6TH STREET SOUTH ST PETERSBURG FL 33701				81 82	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
51 PETERSBURG FL 33/UT				83				
					011		lan 7:- :	0 - 1 -
				84	City	FI	L 85 Zip (Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607.1508, Fi of Florida, Such cl ations of, Section 6	orida St atute: nange was au 07.05 0 5, Flor	s, the above uthorized by ida Statutes	e-named cor the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as	s registered registered
SIGNATURE								
	Signature, typed or printed name of registered ago OFFICERS AN		(NOTE:		nt signature requi	ired when reinstating) DATE	ID DIDECTOR	20 11 40
12.	D OFFICERS AN		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	SOSA, ROBERTO A	•	,	1.2 NAME				
STREET ADDRESS	708 PINELLAS POINT DRIVE	SOUTH		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33705	000111		1.4 C/TY-S	· · · · · · · · · · · · · · · · · · ·			ľ
TITLE			DELETE	2.1 TITLE	 "		Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2.4 CITY-S	T-ZIP			
TITLE	-		DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME	1			
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			r	3.4 CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE	Į		Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP			DCI ETC	4.4 CITY - ST	r-ZIP		Change	Addition
TITLE		Li	DELETE	5.1 TITLE	Į		∐ Change	L Addition ☐
NAME				5.2 NAME	2020004			
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			DELETE	5.4 CITY- ST 6.1 THILE	1 - ZIP	·····	Change	Addition
TITLE		ب	PECE 12	6.2 NAME			-1 Ondisgo	- Addition
NAME STREET ADDRESS				6.3 STREET	ADORESS I			ļ.

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2-16-98 8138924313

FILED

Mar 10 1998 8:00am

Secretary of State