## 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

Principal Place of Business  13014 N DALE MARY HYY SUITE 516 TAMPA FL 33618  2. Principal Place of Business  2. Making Address TAMPA FL 33618  2. Principal Place of Business  2. Making Address TAMPA FL 33618  2. Principal Place of Business  2. Making Address  3. Date Incorporated or Qualified  0.8/26/1994  4. FEI Number  Applied For  Not Applicable  5. Certificate of Status Dosirio  8. 75 Additional Fee Required  2. Principal Place of Business  2. Making Address  2. Making Address  3. Date Incorporated or Qualified  0.8/26/1994  4. FEI Number  5. Oertificate of Status Dosirio  8. 75 Additional Fee Required  7. Fee Required  7. Added to Fee Required  8. This corporation over or has paid the current year intango to general property Tax due June 30. Make Incorporated over or has paid the current year intango to general property Tax due June 30. Make Incorporated or year intended Agent  9. Name and Address of New Registered Agent  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acceptable)  9. Addition  9. Addition  9. Addition  9. Addition  9. Addition  9.
13014 N DALE MABRY HWY SUITE 516 TAMPA FL 33618  2. Principal Place of Business 2. Amilling Address 2. Principal Place of Business 3. Date Incorporated or Qualified Q8/26/1984  2. Principal Place of Business 2. Amilling Address 3. Date Incorporated or Qualified Q8/26/1984  2. Principal Place of Business 2. Applied For 3. Date Incorporated or Qualified Q8/26/1984  2. Principal Place of Business 3. Date Incorporated or Qualified Q8/26/1984  2. Principal Place of Business 3. Date Incorporated or Qualified Q8/26/1984  2. Principal Place of Business 3. Date Incorporated or Qualified Q8/26/1984  4. FEI Number 59-326 1676 5. Certificate of Status Desired Fee Required
22. Malling Address   24. Malling Address   25. Malling Address   26. Suite, Apt. #, etc.   59-3261676   Not Applicable   Syste, Apt. #, etc.   Suite, Apt. #, etc.   Syste, Apt
28 Suite, Apt. #, etc.  Suite,
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Secretificate of Status Desired   Fee Required
City & State    City & State   City & State   City & State   S
Zip   Country   Zip   Country   Zip   Country   Street Fund Contribution   Added to Fees
Personal Proporty Tax due June 30. Personal Proport
WATKINS, CARL T 7345 JACKSON SPRINGS RD #3 TAMPA FL 33634  82 Street Address (P.O. Box Number is Not Acceptable)  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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE
WATKINS, CARL T 7345 JACKSON SPRINGS RD 43 TAMPA FL 33634  82 Street Address (P.O. Box Number is Not Acceptable)  83  TAMPA FL 33634  84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byred or praint name of registered agent and title V applicable. (NOTE Registered Agent senature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE  SIRRET ADDRESS 4961 PITCH PINE CT APT 2A 113 SIRRET ADDRESS 4961 PITCH PINE CT APT 2A 114 CITY-ST-ZIP PSILANTTI MI  PARABOR, MICHAEL J Change Addition NAME KENNEDY, MICHAEL J  Change Addition
### TAMPA FL 33634  ### City  ### City  ### City  ### City  ### FL B5 Zip Code  ### FL B5 Zip Code  ### City  ### FL B5 Zip Code  ### City  ### FL B5 Zip Code  ### FL
TAMPA FL 33634  83  TAMPA FL 33634  84 City  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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prained name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BALFE, AIMEE L  STREET ADDRESS  GITY-SI-ZIP  YPSILANTTI MI  14 CITY-SI-ZIP  ANN ARBOR, MICHAEL J  Change Addition  NAME  KENNEDY, MICHAEL J  Change Addition
TAMPA FL 33634  84 City  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typod or profiled name of registered agent and fille if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  S LIFET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  STREET ADDRESS  APABLE BALFE, AIMEE L  12 NAME  STREET ADDRESS  APABLE CARCLE, AIMEE L  13 STREET ADDRESS  3066 V/LLAGE CARCLE, AIMEE L  4961 PITCH PINE CT APT 2A  13 STREET ADDRESS  14 CITY-ST-ZIP  PSILANTTI MI  DELETE  21 TITLE  Change Addition  NAME  KENNEDY, MICHAEL J  Change Addition
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Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  S DELETE  1.1 TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  PSILANTTI MI  NAME  NAME  P DELETE  DELETE  1.4 CITY-ST-ZIP  P DELETE  2.1 TITLE  P DELETE  DELETE  2.2 NAME  Change  Addition  Addition
TITLE         S         DELETE         1.1 TITLE         S         Addition           NAME         BALFE, AIMEE L         12 NAME         BALFE, A I MC L         L           STREET ADDRESS         4961 PITCH PINE CT APT 2A         1.3 STREET ADDRESS         3 0 6 6 V I LLAGE CIRCLE, N           CITY-ST-ZIP         YPSILANTTI MI         1.4 CITY-ST-ZIP         ANN ARBOR, MICHAEL J         Y8 10 8           TITLE         P         DELETE         2.1 TITLE         Change         Addition           NAME         KENNEDY, MICHAEL J         22 NAME         Change         Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME  P DELETE ABALFE, AIMEE L 12 NAME BALFE, A IMEE L 13 STREET ADDRESS 3066 VILLAGE CIRCLE, N 78108  BALFE, A IMEE L 13 STREET ADDRESS 3066 VILLAGE CIRCLE, N 78108  HAVIN ARBOR, MICHAEL J Change Addition 22 NAME
NAME KENNEDY, MICHAEL J 2.2 NAME Change L. Addition
NAME KENNEDY, MICHAEL J 2.2 NAME Change L. Addition
NAME KENNEDY, MICHAEL J 2.2 NAME Change L. Addition
NAME KENNEDY, MICHAEL J 22 NAME
THE THOUSE THE TOOL CASE
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE 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
TANDE 1
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 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), 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 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 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 05 1998 8:00am

Secretary of State