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 # P9400066644 (3)

230 CO	DLUMBIA DRIVE, INC.	(0)	,		. AULE BITTE BITTE BIDJI BIDJI GBBT
Principal Place	e of Business	Mailing Address		- I LOOINDOL HID HONN BLOIN BONN BEAUT BONN BONN	Mikan Otton Briti Atora Bref 1981
4808 BAY VILLA AVE TAMPA FL 33611 TAMPA FL 33611				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
				09/06/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3314412	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	О	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z ip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cure	rent Registered Agent	- lad	10. Name and Address of New Registe	red Agent
HATTON, BOBBY L 4808 Bay Villa Ave			81 Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAN	MPA FL 33611				
			83		
			84 City		85 Zip Code
					-L s zip code
SIGNATURE	Signative, typed or printed nume of registered	agent and title if applicable (NO	The Registered Agent argnature requirements	poration submits this statement for the purposition's board of directors. I hereby accept the	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1,1 TITLE		Change Addition
NAME	HATTON, BOBBY L		1.2 NAME		
STREET ADDRESS	4808 BAY VILLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		1 4 CITY-ST-ZIP		T 300000 FT 320000
TITLE	DST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HATTON, BETTY J		2.2 NAME		
STREET ADDRESS	4808 BAY VILLA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIF TITLE	TAMPA FL 33611	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
		_ been			
NAME STREET ADORESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		- -
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 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 changing, or on an attachment with an address.

CICNATUDE.

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13/98

813/831-1551

FILED

Apr 20 1998 8:00am

Secretary of State

R2F034 (10/97)