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

FILED Feb 13 1998 8:00am Secretary of State

-	MENT # P9400 AN, INC.	0070803 (9)			HIN ANGI MANI BUKAT BIN ANI
Principal Plac	e of Business	Mailing Address		— 1 10011001 110 1941) 01011 9516 0014 0014 5011 F	JUN 00181 10111 05101 1111 1801
BRANDON FL 33511 STE D&E US TAMPA FL :					
		TAMPA FL 33634		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
Drive sine I D	- T D	2a. Mailing Address		09/23/1994	
			4. FEI Number	Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.		59-3268673	Not Applicable \$8.75 Additional
22 27		h. 1		5. Certificate of Status Desired	Fee Required
		City & Stale		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zg)	Country	8, This corporation owes or has paid the	current /ear Intangible
24	25	29]	30	Personal Property Tax due June 30.	ØYes □ No
	9, Name and Address of Curre	nt Registered Agent	nel	10. Name and Address of New Registere	d Agent
	rks, Leonard H		81 Name		
201 E. KENNEDY BLVD. SUITE 1516			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
TAI	MPA FL 33602		63		
			84 City	F	85 Zip Code
44 Ourougut	to the provinces of Cooking 607 04	00 cm/ C07 1500 Florido Clotus	os the shows named save		
office or r agent I a	registered agent, or both, in the Statem familiar with, and accept the obliq	e of Florida, Such change was a patients of, Section 607,0505, Flo	authorized by the corporatorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature: typoid or printed harve of registered as	rese sout the discouling title (AMA)	Registered Agent signature requi	red when reinstating) DATE	
12.	termont to the second to the s	ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDONI, FRANK		1.2 NAME		
STREET ADDRESS	5410 PIONEER PK BLVD ST	D&E	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDONI, NANCY		2.2 NAME		
STREET ADDRESS	5410 PIONEER PK BLVD STE	E D&E	2.3 STREET ADDRESS		
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		i
CHY-S1-ZIP		DETETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		L_J DELET	4.1 TITLE		Change Addition
NAME					
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		:
		Принт	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Channe Ardiiton
TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 of the reserver 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 man attachment with an address.

SIGNATURE: