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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074186 (5)

JAMES D. PAYNE, C.P.A., P.A.

Principal Place of Business

Mailing Address

## **FILED** May 04 1998 8:00am Secretary of State



12701 U.S. 19 SUITE C HUDSON FL 34667		12701 U.S. 19 SUITE C HUDSON FL 34867		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  10/10/1994			
	ace of Business	2a. Mailing Address	7.1.1.1		4. FEI Number	A	pplied For
21 800	N. Dale Mubr	26			59-3274974	N	ot Applicable
Suits, Apt.	4, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	· ~ E/	City & State			6. Election Campaign Financing	\$5.00	May Be
23 100	4 184	28			Trust Fund Contribution	Added	to Fees
24 33 G	LY 25 VISA		Country 30	<i>y</i>		Yes [	langible No
	9. Name and Address of Current	Registered Agent		1 :	10. Name and Address of New Registered	Agent	
	YNE, JAMES D		81	Name			
1417 E. 109TH AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
TAI	MPA FL 33612						
			83	1			
			84	City	FL	<b>85</b> Zip	Code
11. Pursuant to office or reagent. I an	o <b>the</b> provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida Such change was au tions of, Section 607.0505, Flor	s, the abov uthorized b rida Statute	e-named co y the corpores.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	ACTI	See lettered Ac		uired when reinstating) DATE		
12.	OFFICERS AND		13.	ant signature req	oired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	DIDECTOR	20 IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONOCIANOES TO OTT ICENS AN	Change	Addition
NAME	PAYNE, JAMES D	_	1.2 NAME			C. Ontongo	/\do\\\\\\\\
STREET ADDRESS	1417 E 109TH AVE		1.3 STREET	ANNESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-5				
TITLE	8	DELETE	2.1 TITLE	01-21		Change	Addition
NAME	PAYNE, PAMELA B.	·				CT CHANGE	
STREET ADDRESS	1417 E. 109TH AVENUE		2.2 NAME 2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-				
TITLE	***************************************	DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			_ •	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ĺ			
TITLE		☐ DELETE	5.1 TITLE		· <u></u>	Change	Addition
NAME			52 NAME			_ •	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELFTE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14. Lhereby ce	ertify that the information supplied with	h this filing does not qualify for	the evemn	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further of	rtify that the	information
indicated of officer or d	on <b>this a</b> nnual report or supplemental.	annual report is true and accur ver or <u>tru</u> stee empowered to ex	rate and th	at my signati	ure shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and that	der oath: th:	atlam an I