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

**CORPORATION** ANNUAL REPORT

**199**8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCLIMENT #

Principal Place of Business	Mailing Address				
2510 SUNSET POINT RD	2510 SUNSET POINT RD				
CLEARWATER FL 34625-1517	CLEARWATER FL 34625-1517				

## **FILED** Aug 20 1998 8:00am Secretary of State

	ON NAME	UNERAL HO							
Principal Place of Business				Mailing Address				1811 1821) SZIII SZI	
2510 SUNSET POINT RD CLEARWATER FL 34625-1517				2510 SUNSET POINT RD CLEARWATER FL 34625-1517					
			OLEANWASE				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
					<u> </u>	<u> </u>	10/19/1994		
2. Principal Place of Business			<u> </u>	2a. Mailing Address			4. FEI Number		plied For
Suite, Apt #, etc			26 Suite Ant	Suite, Apt. #, etc.			59-3272933	\$8.75	ot Applicable
22			F-7 '	27			5. Certificate of Status Desired	Fee Re	
City & Stat	ю	*****		City & State			8. Election Campaign Financing	\$5.00	May Be
23		,	28	26			Trust Fund Contribution Added to Fees		
Zip		Country	h1	Zip Country			8. This corporation owes or has paid the current year Intang		
24	24 25 2 9. Name and Address of Current Re				30		Personal Property Tax due June 30.  10. Name and Address of New Registere		] No
00			Current Registered Ager	11.	B1	Name	10. Name and Address of New Registere	u Agent	
	ALISI, CHA								
2510 SUNSET POINT RD			,		82	Street Add	ess (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34625-1517				83					
					04				
					84	City	F	<b>85</b> Zip (	Code
11. Pursuant office or	to the provis	ions of Sections E jent, or both, in th	07.0502 and 607.1508, Fi c State of Florida, Such ch	orida Statute iange was au	s, the above uthorized by	e-named cor the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing it ppointment as	s registered registered
agent Le SIGNATURE	am lamiliar w	ith, and accept th	e obligations of, Section 6	07.0505, Flor	nda Statutes	<b>S</b> .			
	Signature, typico		tered agent and title if applicable.	(NOTE		ni signature requi	ired whon reinstaling) DATE		
12.		OFFICE	RS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 12 Addition
TITLE	PT DELETE			1.1 1)TLE			L_1 Change	MODITION	
NAME SCALISI, CHARLES STREET ADDRESS 2510 SUNSET POINT RD			1.2 NAME 1.3 STREET	ADDDEED					
CITY-ST-ZIP	ALEADAMATED EL GAGE AFAR			1.4 CITY-S	j				
TITLE				2.1 TITLE	1-217		Change	Addition	
NAME		SCALISI, TRACEY E			2.2 NAME	1		_ ,	
STREET ADDRESS	ARIA GUNARE BANKE OR			2.3 STREET	ADDRESS				
CITY-ST-ZIP	ALBUMINIST CLASS CONT.				2. 4 CITY - 9	1-ZIP		_	
TITLE		DELETE			3.1 10TLE			Change	Addition
NAME	[				3.2 NAME	Ì			1
STREET ADDRESS					3.3 STREFT				
CITY+ST-ZIP	<b> </b>			DELETE	3.4. CITY- S	ST - ZIP		Change	Addition
TIFLE			L	OCCUIT	4.1 TITLE			L'i cusuge	Addition
NAME Street Address	ĺ				4. 2 NAME	ADDRECO			1
CITY-ST-7IP					4.3 STREET 4.4 CITY - S				
TITLE	<del></del>			DELETE	5.1 TITLE	1-411		Change	Addition
NAME	J		_		5.2 NAME				
STREET ADDRESS	<b>{</b>				5 3 STREET	ADDRESS			[
CITY-ST-ZIP	_				54 CITY-S	I - ZIP			
TITLE	[			DELETE	61 TITLE			Change	Addition
NAME					6.2 NAME				1
STREET ADDRESS					6.3 STREET				
CITY-ST-7(P					6.4 CITY - S	I - 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 supplemental annual report is true and accurate and that my signature shall have the same legal offect 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.

799-389*8*