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 #

ALDERMAN & FORTUNA, P.A.	50001101 (9)					
Principal Place of Business Mailing Address					L GORNIGOU THE COURT ALOUT SPECIF WATER WEIGH MELLE.	181 (1814 1881) 88(() 1881) 188 (
27 N. RING AVE. TARPON SPRINGS FL 34689	27 N. RING AVE. TARPON SPRINGS FL 34689			DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified11/08/1994	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21	26				59-3273799	Not Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25		Cour 30	ntry			Yes No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MORRIS, ROBERT J JR.			81		BERT ALDERMAN	
27 N RING AVE TARPON SPRINGS FL 34689		[82	Street Address (P.O. Box Number is Not Acceptable) 27 N. RING AVE.		
			83		1	ç
		i			RPON SPRINGS FL	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St	0502 and 607.1508, Florida Statute ale of Florida, Such change was a	es, the ab authorized	ove by	named corpor the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registere pointment as registered

3.27.48 Robert A I Deaman ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ Change Addition TITLE 1.1 TITLE ALDERMAN, ROBERT L NAME 1.2 NAME 27 N. RING AVE. STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE DST 2.1 TITLE FORTUNA, JUDITH A NAME 2.2 NAME 27 N. RING AVE. STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE 4.1 TITLE Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 supplemental 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.

6.1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

3-27-98

813 937-3116

Addition

FILED

Apr 03 1998 8:00am

Secretary of State