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**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089610 (7)

## **FILED** Feb 03 1998 8:00am Secretary of State

25 Suite, Apt. #, etc.  City & State  City & State  City & State  28 Country  Zip  Name and Address of Current Registered Agent  FLETCHER, NELIA S  11217 LONGBROOKE DRIVE  Suite, Apt. #, etc.  5. Certificate of Status Desired  S	ulred May Be Fees
711 NORTH PARSONS AVENUE BRANDON FL 33511 US  P.O. BOX 3450 BRANDON FL 33509-3450  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/09/1994  4. FEI Number 12/09/1994  4. FEI Number Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  City & State 28  City & State 29  Country 28  Country 29  Country 30  Country 30  Suite, Apt. # State 30  Country 40  Country 41  Country 42  Personal Property Tax due June 30.  Personal Property Tax due June 30.  PETCHER, NELIA S 11217 LONGBROOKE DRIVE  82  Street Address (P.O. Box Number is Not Acceptable)	Applicable dditional quired May Be Fees ngible
BRANDON FL 33511 US  P.O. BOX 3450 BRANDON FL 33509-3450  3. Date Incorporated or Qualified 12/09/1994  2. Principal Place of Business 2a. Mailing Address 2f 2g	Applicable dditional quired May Be Fees ngible
BRANDON FL 33509-3450  BRANDON FL 33509-3450  3. Date Incorporated or Qualified 12/09/1994  4. FEI Number 26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  28 Country  April Country  B. This corporation owes or has paid the current year Intal Personal Property Tax due June 30. Yes  Personal Property Tax due June 30. Yes  11217 LONGBROOKE DRIVE  B2 Street Address (P.O. Box Number is Not Acceptable)	Applicable dditional quired May Be Fees ngible
3. Date Incorporated or Qualified 12/09/1994  2. Principal Place of Business 2e. Mailing Address 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 29 Country 21 Country 21 Country 21 Country 22 Personal Property Tax due June 30. 28 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent  FLETCHER, NELIA \$ 11217 LONGBROOKE DRIVE  28 Street Address (P.O. Box Number is Not Acceptable)	Applicable dditional quired May Be Fees ngible
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Description of Status Desired Status Desired Fee Record Trust Fund Contribution Added to Personal Property Tax due June 30. See State Personal	Applicable dditional quired May Be Fees ngible
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Description of Status Desired Status Desired Fee Record Trust Fund Contribution Added to Personal Property Tax due June 30. See State Personal	Applicable dditional quired May Be Fees ngible
Suite, Apt. #, etc.  22  City & State  City & State  City & State  28  Country  Zip  Name and Address of Current Registered Agent  FLETCHER, NELIA S  11217 LONGBROOKE DRIVE  Suite, Apt. #, etc.  5. Certificate of Status Desired  S	dditional quired May Be Fees
Suite, Apt. #, etc.  22 City & State City & State  City & State  28 Country 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	quired May Be Fees ngible
City & State	May Be Fees
Trust Fund Contribution Added to Added	Fees ngible
Zip Country 7tp Country 8. This corporation owes or has paid the current year Inta 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent FLETCHER, NELIA S 11217 LONGBROOKE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)	ngible
25 29 30 Personal Property Tax due June 30. Yes   9. Name and Address of Current Registered Agent  FLETCHER, NELIA S  11217 LONGBROOKE DRIVE  80 Personal Property Tax due June 30. Yes   10. Name and Address of New Registered Agent  Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	٠ ,
9. Name and Address of Current Registered Agent  FLETCHER, NELIA S  11217 LONGBROOKE DRIVE  10. Name and Address of New Registered Agent  Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	No
FLETCHER, NELIA S 11217 LONGBROOKE DRIVE 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
11217 LONGBROOKE DRIVE  82 Street Address (P.O. Box Number is Not Acceptable)	- 1
the chock was obtained to the contraction of the co	ŀ
RIVERVIEW FL 33589	
84 City FL 85 Zip C	ode
	rogistored
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as r	egistered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Ì
SIGNATURE Storeture brond or centred curing of registered agent and title if activity able. INOTE Registered Agent signature required when reinstating)  DATE	
Signature Typind or printed rumin oil registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE P DELETE 1.1 TITLE Change	Addition
NAME FLETCHER, NELIA S 1.2 NAME	· .
STREET ADDRESS 11217 LONGBROOKE DRIVE 1.3 STREET ADDRESS	
CITY-ST-ZIP RIVERVIEW FL 33569 1.4 CITY-ST-ZIP	
TITLE MD DELETE 2.1 TITLE Change	Addition
NAME SHAMS, KIUMARS M.D. 22 NAME	
STREET ADDRESS 507 S. HIGHVIEW CIRCLE 23 STREET ADDRESS	
CITY-ST-ZIP BRANDON FL 33510 2 4 CITY-ST-ZIP	
TITLE DELETE 311ITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	-
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	1
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	ļ
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	[
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	ļ
TITLE DELETE 61TITLE Change	Addition
NAME 6.2 NAME	

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 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, door an attachment with an address.