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**

DOCUMENT # P94000092290 (3)					
SOLE E)	(PORTS, INC.				
Principal Place	of Business	Mailing Address		1 40011881 140 18117 31011 00FF 80711 00111 00110	IOTSO TIDID CITCE CHAN DON SODI
2480 EAST BAY DRIVE SUITED A-5 LARGO FL 34641		2480 EAST BAY DRIVE SUITED A-5 LARGO FL 34641		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified 12/19/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3291190	Not Applicable
Suite, Apt. #.	elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25 g. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
2310	D, EDWIN I WEST BAY DRIVE 30 FL 34640			TAMES Carmadella tress (P.O. Box Number is Not Acceptable) Columbia Ave	
SIGNATURE	(and	rmadalle		rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
12.	produte, typed or printed name of egistered ac	ornt and fille it applicable (NOTE ND DIRECTORS	Registered Agent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	VD OFFICERS AT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME (PERRY, TIMOTHY P		1.2 NAME		
STREET ADDRESS	13115 3RD ST E APT A1		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADIERA BCH FL		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	CARMADELLA, JAMES		2.2 NAME		
STREET ADDRESS	1412 COLUMBIA AVE.		2 3 STREET ADDRESS	a à	
CITY-ST-ZIP	PALM HARBOR FL		2 4 CITY+ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	CARMADELLA, POLLIE B		3.2 NAME		
STREET ADDRESS	1412 COLUMBIA AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683	T priese	3.4. CITY-ST-ZIP		0
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-7iP		

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 trusted 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.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Drid 2819 1918 813-538-8768

Change

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State