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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092591 (4)

WARD & BERMAN, P.A.

WATER OF DESIGNATION OF THE PARTY OF THE PAR				
Principal Place of Business	Mailing Address	·····	T TORREST THE FRANCE OF THE PROPERTY OF THE PR	HATOR OLDBY RYLLA HENDY TIDS HADS
26133 U.S. HIGHWAY 19 NORTH	26133 U.S. HIGHWAY 19	NORTH		
SUITE 214	SUITE 214		DO NOT MERTE IN THE	IC ODACE
CLEARWATER FL 34623	CLEARWATER FL 34623		DO NOT WRITE IN THI 3. Date incorporated or Qualified	S SPACE
			12/22/1994	
2. Principal Place of Business	2a, Mailing Address		4, FE! Number	Applied For
21	26		59-3302910	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation owes or has paid the of Personal Property Tax due June 30.	Yes No
	s of Current Registered Agent	1001	10. Name and Address of New Registere	
WARD, ROSS B JR		81 Name		
26133 U.S. HIGHWAY 19	NORTH	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 214		UZ Street Addit	ess (F.O. Box Number is Not Acceptable)	
CLEARWATER FL 34623		83		
		84 City		85 Zip Code
			F	
office or registered agent, or both.	in the State of Florida. Such change was a nt the obligations of, Section 607.0505, Flo	authorized by the corporali	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
		I : Registered Agent signature require		· · · · · · · · · · · · · · · · · · ·
12. OF F	FICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change
NAME WARD, ROSS B JR		1.2 NAME		E
	AY 19 NORTH #214	1.3 STREET ADDRESS		
CITY-ST-ZIP OLEARWATER FL 3		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
		2.3 STREET ADDRESS		
	DE LETE	2 4 CiTY-ST-ZIP		
	DELETE	3.1 TITLE		Change Addition
DIDECT ADDRESS		3.2 NAME		
STREET ADDORESS CITY-ST-ZIP		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		ľ
CITY-ST-ZIP		4.4 CITY-ST-ZIP		ì
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		l
CITY-ST-ZIP	Pertre	5.4 CITY-ST-ZIP		1 Ac
TIFLE	☐ DELETE	6.1 TITLE		Change Addition
NAME TIPET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		į
City-St-ziP 14. I hereby certify that the information	supplied with this filma does not qualify for	■ 6.4 CITY-ST-ZIP or the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated on this annual report or so officer or director of the corporation	upplemental annual report is true and acc	urate and that my signature	e shall have the same legal effect as if made ired by Chapter 607, Florida Statutes; and that	under oath: that I am an 🔝 📗