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 # P94000094139 (0)

JOHN D. CISSELL, INC.

Principal Place of Business	Mailing Address
Litingibal Liace of positiess	Maining Address

FILED May 07 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			2 15 21251 112522 1211 124.
1900 KINGS HIGHWAY CLEARWATER FL 34615		1999 KINGS HIGHWAY CLEARWATER FL 34615			
		OLEANWAIEN PE 34015		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
	·			12/28/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# otc	28		59-3277663	Not Applicable
ouite, Apr.	#, O.C.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip クケィ	Country	71P127CC	Country	a. This corporation owes or has paid the	
<i>الكك</i> ــك	25 كـ	[29] CC/ CC [30]		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registe	гео Аделт
	isell, John D 19 Kings Highway				
	EARWATER FL 34615		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ОЦ	PANNATEN I C 34013		63		
					14-1 7- 6-1
			84 City		FL 85 Zip Code 7.55
SIGNATURE	n familiar with, and accept the obligation of th	goth HODE states (NOTE Regulation for	istored Agent signature require		τε
12.	OF ICARS AN		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CISSELL, JOHN D		1.2 NAME		A LOUISING
STREET ADDRESS	1999 KINGS HIGHWAY		1.3 STREET ADDRESS	•	40
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		33755
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		Change Addition
TITLE		_	3 1 TITLF 3.2 NAME		Li change Li Auditon
NAME Street Address			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE			4 1 TITLE		Change Addition
NAME			4. 2 NAME		!
STREET ADDRESS		i	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE			5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		Ì
COTY-ST-ZIP			5.4 CITY - ST - ZIP		Change Addition

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimo Phase:

Cosposition

**Cospo